Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF NEVADA	-	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	Thomas First name  L. Middle name  Vater  Last name and Suffix (Sr., Jr., II, III)	First name  Middle name  Last name and Suffix (Sr., Jr., II, III)
	meeting with the trustee.	<b>、</b> , , , ,	
2.	All other names you have used in the last 8 years		
	maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-8151	

Debtor 1 Thomas L. Vater

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs.  Business name(s)  EINs	☐ I have not used any business name or EINs.  Business name(s)  EINs		
5.	Where you live		If Debtor 2 lives at a different address:		
8100 Sapphire Bay Cir Las Vegas, NV 89128  Number, Street, City, State & ZIP Code  Clark  County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.		Las Vegas, NV 89128  Number, Street, City, State & ZIP Code  Clark  County  If your mailing address is different from the one above, fill it in here. Note that the court will send any	Number, Street, City, State & ZIP Code  County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for bankruptcy	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one:  ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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Case number (if known)

Par	t 2: Tell the Court About	our Ban	kruptcy C	ase			
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
	choosing to file under	☐ Cha	pter 7				
		■ Cha	pter 11				
		☐ Cha	pter 12				
		☐ Cha	pter 13				
8.	How you will pay the fee	al	oout how yo	ou may pay. Typi r attorney is subn	ically, if you are paying the fee yo	k with the clerk's office in your local court fourself, you may pay with cash, cashier's chalf, your attorney may pay with a credit care	neck, or money
					allments. If you choose this options (Official Form 103A).	on, sign and attach the Application for Indiv	riduals to Pay
I request that my fee be waived (You may request this but is not required to, waive your fee, and may do so onl applies to your family size and you are unable to pay the					our fee, and may do so only if you do you are unable to pay the fee in	our income is less than 150% of the official	poverty line that ou must fill out
						,	-
9.	Have you filed for bankruptcy within the	■ No.					
	last 8 years?	☐ Yes.					
			District		When	Case number	
			District		When		
			District		When	Case number	
10.	Are any bankruptcy	■ No					
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your residence?	■ No.	Go to	line 12.			
	redidence :	☐ Yes.	Has yo	our landlord obta	ined an eviction judgment agains	st you?	
				No. Go to line 1	12.		
				Yes. Fill out <i>Ini</i> this bankruptcy		Judgment Against You (Form 101A) and fil	e it as part of

Debtor 1 Thomas L. Vater

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Deb	tor 1 Thomas L. Vater				Case number (if known)	
Par	t 3: Report About Any Bu	sinesses	You Own	as a Sole Proprie	etor	
12.	. Are you a sole proprietor of any full- or part-time ■ No. Go to Part 4. business?			Part 4.		
		☐ Yes.	Name	and location of bus	siness	
	A sole proprietorship is a					
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			of business, if any		_
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Sta	ate & ZIP Code	
	it to this petition.		Check	k the appropriate bo	ox to describe your business:	
				Health Care Busin	iness (as defined in 11 U.S.C. § 101(27A))	
				•	al Estate (as defined in 11 U.S.C. § 101(51B))	
				Stockbroker (as d	defined in 11 U.S.C. § 101(53A))	
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))	
				None of the above	ve	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	ou are filing under Chapter 11, the court must know whether you are a small business debtor so that it can dlines. If you indicate that you are a small business debtor, you must attach your most recent balance she rations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follo 1 U.S.C. 1116(1)(B).			statement of
	For a definition of small	□ No.	I am r	ot filing under Chap	pter 11.	
	business debtor, see 11 U.S.C. § 101(51D).	■ No.	I am fi Code.	•	r 11, but I am NOT a small business debtor according to the definition in the	Bankruptcy
		☐ Yes.	I am f	ling under Chapter	r 11 and I am a small business debtor according to the definition in the Bank	kruptcy Code.
Par	t 4: Report if You Own or	Have Any	Hazardo	us Property or An	ny Property That Needs Immediate Attention	
14.	Do you own or have any	■ No.				
	property that poses or is alleged to pose a threat	☐ Yes.				
	of imminent and identifiable hazard to public health or safety?		What is	the hazard?		
	Or do you own any property that needs immediate attention?			iate attention is why is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?		
					Number, Street, City, State & Zip Code	

Debtor 1 Thomas L. Vater Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Thomas L. Vater				Case number (if k	(nown)	
Part	6: Answer These Quest	ions for Re	eporting Purposes				
16.	What kind of debts do you have?	16a.	<b>Are your debts primarily consumer debts?</b> Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred be individual primarily for a personal, family, or household purpose."				
			☐ No. Go to line 16b.				
			■ Yes. Go to line 17.				
		16b.	Are your debts primarily busine money for a business or investme				
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you owe th	at are not consum	er debts or business de	ebts	
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7. Go	o to line 18.			
a	Do you estimate that after any exempt property is excluded and	☐ Yes.	I am filing under Chapter 7. Do you are paid that funds will be available			is excluded and administrative expenses	
	administrative expenses		□No				
	are paid that funds will be available for		□Yes				
	distribution to unsecured creditors?						
18.	How many Creditors do	<b>1</b> -49		□ 1,000-5,000		□ 25,001-50,000	
	you estimate that you owe?	☐ 50-99		<b>5</b> 001-10,000		□ 50,001-100,000	
		□ 100-19		□ 10,001-25,00	0	☐ More than100,000	
		200-99	99				
19.	How much do you	□ \$0 - \$9		<b>\$1,000,001</b> -	\$10 million	□ \$500,000,001 - \$1 billion	
	estimate your assets to be worth?		01 - \$100,000	\$10,000,001		\$1,000,000,001 - \$10 billion	
			001 - \$500,000 001 - \$1 million	□ \$50,000,001 □ \$100,000,001		☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion	
		<b>—</b> \$000,		<b>—</b> \$100,000,001	- \$500 million	— More than too silien	
20.	How much do you estimate your liabilities	\$0 - \$9	-	<b>\$1,000,001</b> -		□ \$500,000,001 - \$1 billion	
	to be?		01 - \$100,000 001 - \$500,000	\$10,000,001		□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion	
			001 - \$300,000 001 - \$1 million	□ \$50,000,001 □ \$100,000,001		☐ More than \$50 billion	
	_			<b>—</b> \$100,000,00			
Part							
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.					
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.					
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.					
		bankrupto and 3571	cy case can result in fines up to \$25			operty by fraud in connection with a s, or both. 18 U.S.C. §§ 152, 1341, 1519,	
		Thomas	inas L. Vater s L. Vater e of Debtor 1		Signature of Debtor 2		
		Executed	on <b>May 3, 2019</b>		Executed on		
			MM / DD / YYYY			D / YYYY	

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Debtor 1 Thomas L. Vater	Case number (if known)
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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ David J. Winterton	Date	May 3, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
David J. Winterton 004142		
David Winterton & Associates, LTD		
7881 W. Charleston Blvd.		
Suite 220		
Las Vegas, NV 89117		
Number, Street, City, State & ZIP Code		
Contact phone <b>702-363-0317</b>	Email address	autumn@davidwinterton.com
004142 NV		
Bar number & State		

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy\_form

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Fill in this inf	ormation to identify your ca	ise:			
Debtor 1	Thomas L. Vater				
Dalutano	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	DISTRICT OF N	IEVADA		
Case number					
(if known)					☐ Check if this is an
					amended filing
<u>B 104</u>					
For Indi	vidual Chapter 1	1 Cases:	List of Creditors	Who Have t	he 20 Largest
Unsecur	red Claims Agair	nst You a	and Are Not Inside	ers	12/15
in control, or o sole proprieto collateral valu	owner of 20 percent or more or. 11 U.S.C. § 101. Also, do not places the creditor among	e of their voting not include cl g the holders o	securities; and any managin	g agent, including on less the unsecured cl ims.	ou are an officer, director, person e for a business you operate as a aim resulting from inadequate asible for supplying correct
information.	·			. , .	
Part 1: List	t the 20 Unsecured Claims in	n Order from La	argest to Smallest. Do Not Inc	clude Claims by Insid	ers.
					<b>Unsecured claim</b>
1 Rlac	ck & LoBello Attorneys a		is the nature of the claim?	Legal Fees	\$ <u>\$140,000.00</u>
Law	_	As of	the date you file, the claim is	: Check all that apply	
_	77 W Twain Ave #300		Contingent		
Las	Vegas, NV 89135	□ ■	Unliquidated Disputed		
		-	None of the above apply		
			the and the house the second		
		_	the creditor have a lien on yo	ur property?	
01			No	ad unaccured) ¢	
Contac	CT		Yes. Total claim (secured an Value of security:	nd unsecured) \$ - \$	
Contac	ct phone		Unsecured claim	\$	
2		What	is the nature of the claim?	Stara Chargo /	1000unt
2 CAP	PITAL ONE / Saks Fifth	Wilat	is the nature of the claim:	Store Charge P	Account \$ \$6,454.22
Ave		As of	the date you file, the claim is:	: Check all that apply	
	: Managing Officer		Contingent		
	BOX 60504		Unliquidated		
City	of Industry, CA 91716	□	Disputed  None of the above apply		
		Does	the creditor have a lien on yo	ur property?	
			No		
Contac	ct		Yes. Total claim (secured an		
Contra	ot phone		Value of security:	- \$ \$	
Contac	ct phone		Unsecured claim	\$	

B104 (Official Form 104)

Debtor 1	Thomas L. Vater	Case number (if known)					
3		What	is the nature of the claim?	Store Charg		\$ \$11,773.00	
	CAPITAL ONE /Neiman Marcus Attn: Managing Officer P.O. BOX 5235 Carol Stream, IL 60197-5235	As of □ □ □	the date you file, the claim is: Contingent Unliquidated Disputed None of the above apply		-		
		_	the creditor have a lien on you	r property?			
	Contact Contact phone	- <b>□</b>	No Yes. Total claim (secured and Value of security: Unsecured claim	unsecured)	\$ - \$ -		
4		What	is the nature of the claim?	Credit Card		\$ \$39,867.42	
	CHASE BANK Attn: Managing Officer P.O. BOX 15298 Wilmington, DE 19850	As of □ □ □	the date you file, the claim is: Contingent Unliquidated Disputed None of the above apply	-		· • • • • • • • • • • • • • • • • • • •	
			the creditor have a lien on you				
	Contact phone	_	Yes. Total claim (secured and Value of security: Unsecured claim	unsecured)	\$ - \$ 		
5	CHASE BANK	What	is the nature of the claim?	Credit Card		\$ \$19,560.44	
	PO BOX 24696 Columbus, OH 43224	As of □ □ □	the date you file, the claim is: Contingent Unliquidated Disputed None of the above apply	Check all that app	bly		
-		Does	the creditor have a lien on you	r property?			
	Contact Contact phone	- <mark>-</mark> -	No Yes. Total claim (secured and Value of security: Unsecured claim	unsecured)	\$ - \$ 		
6		What	is the nature of the claim?	Services Re	endered	\$ \$3,975.00	
	Clifton Larson Allen LLP 10845 Griffith Peak Drive, Suite 550 Las Vegas, NV 89135		the date you file, the claim is: Contingent Unliquidated Disputed None of the above apply			<del>*************************************</del>	

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Debtor '	Thomas L. Vater	Case number (if known)						
		Does	the creditor have a lien on you	r property?				
			No					
	Contact		Yes. Total claim (secured and	unsecured)	\$			
	Contact	ш	Value of security:	unscoured)	-\$			
	Contact phone	-	Unsecured claim		\$			
	Contact phone		Onsecured claim		Ψ			
7		What	is the nature of the claim?	Store Char (Restoratio Hardware)		t \$ \$66,518.57		
	COMENITY BANK / Restoration			O				
	Hardware		the date you file, the claim is:	Sheck all that ap	ply			
	Attn: Managing Officer		Contingent					
	P.O. BOX 659705		Unliquidated					
	SAN ANTONIO, TX 78265-9705		Disputed					
			None of the above apply					
		Does	the creditor have a lien on you	r property?				
			No					
	Contact		Yes. Total claim (secured and	unsecured)	\$			
			Value of security:		- \$			
	Contact phone	-	Unsecured claim		\$			
8	First Security Bank of Nevada Attn: Managing Officer P.O. Box 34240 Las Vegas, NV 89133	As of	is the nature of the claim?  the date you file, the claim is: (     Contingent     Unliquidated     Disputed     None of the above apply  the creditor have a lien on you     No     Yes. Total claim (secured and	r property?		\$ <u>\$52,953.03</u>		
			Oncooding diami					
9	Heidi Vater	What	is the nature of the claim?	Court Orde Temporary		\$ \$15,000.00 		
	2945 Harbor Cove Dr.	As of	the date you file, the claim is:	Check all that an	ply			
	Las Vegas, NV 89128		Contingent		. ,			
	Las vegas, IV 09120		Unliquidated					
		=	Disputed					
		_						
			None of the above apply					
		Does	the creditor have a lien on you	r property?				
			No					
	Contact		Yes. Total claim (secured and	unsecured)	\$			
			Value of security:	,	- \$			
	Contact phone		Unsecured claim		\$			
10		What	is the nature of the claim?	Court Orde	red	\$ \$15,000.00		

B 104 (Official Form 104)

Debtor	Thomas L. Vater		Case nu	ımber (if known)		
				Temporar	y Support	
	Heidi Vater 2945 Harbor Cove Dr. Las Vegas, NV 89128	☐ Con ☐ Unlie ☐ Disp	te you file, the claim is: tingent quidated outed e of the above apply	Check all that a	pply	
			editor have a lien on you	ur property?		
		■ No	antor nave a nen on you	ui property.		
	Contact Contact phone		Total claim (secured and Value of security: Unsecured claim	d unsecured)	\$ - \$ 	
	Contact phone		Onsecured Claim		Ψ	
11	INTERNAL REVENUE SERVICE		nature of the claim?	2017		\$ \$150,000.00
	P.O. BOX 145595 Cincinnati, OH 45250	☐ Con ☐ Unlie ☐ Disp	te you file, the claim is: tingent quidated outed e of the above apply	Check all that a	pply	
		Does the cre	editor have a lien on you	ur property?		
		■ No	, and a non-on-you	ш ртороту.		
	Contact		Total claim (secured and	d unsecured)	\$	
	Contact phone		Value of security: Unsecured claim		- \$ \$	
12	Navient	What is the I	nature of the claim?	Student L	oans	\$_ <b>\$44</b> ,942.27
	P.O. Box 9640		te you file, the claim is:	Check all that a	pply	
	Wilkes Barre, PA 18773-9640	☐ Unlie	tingent quidated outed e of the above apply			
		D 11				
		■ No	editor have a lien on you	ur property?		
	Contact		Total claim (secured and	d unsecured)	\$	
	Contact phone		Value of security: Unsecured claim		- \$ \$	
13	NORDSTROM	What is the I	nature of the claim?	Store Cha	rge Accou	nt \$ \$12,143.00
	1600 SEVENTH AVENUE, SUITE		te you file, the claim is:	Check all that a	pply	
	2600 SEATTLE, WA 98101		quidated			
	,		e of the above apply			
		Does the cre	editor have a lien on you	ur property?		
		■ No				
	Contact		Total claim (secured and	d unsecured)	\$	

B 104 (Official Form 104)

### Case 19-12796-abl Doc 1 Entered 05/03/19 10:25:57 Page 16 of 69

Debtor	Thomas L. Vater		Case nu	mber (if known)		
	Contact phone		Value of security: Unsecured claim		- \$ \$	
14		What	is the nature of the claim?	Personal L	oan	\$ \$20,000.00
	Regula E. Vater 8544 Burning Tree Trail Franktown, CO 80116	As of □ □ □	the date you file, the claim is: Contingent Unliquidated Disputed None of the above apply	Check all that ap	ply	
		Does	the creditor have a lien on you	ur property?		
			No			
	Contact Contact phone		Yes. Total claim (secured and Value of security: Unsecured claim	d unsecured)	\$ - \$ - \$	
15		What	is the nature of the claim?	Store Char	ne Account	\$ \$12,393.44
	SYNCHRONY BANK PO BOX 965061 Orlando, FL 32896		the date you file, the claim is: Contingent Unliquidated Disputed None of the above apply the creditor have a lien on you		ply	
			No			
	Contact		Yes. Total claim (secured and	d unsecured)	\$	
	Contact phone	-	Value of security: Unsecured claim		- \$ 	
16		What	is the nature of the claim?	Store Char (Calico)	ge Account	\$ \$11,755.55
	SYNCHRONY BANK/ Calico Attn: Managing Officer PO BOX 960061 Orlando, FL 32896-0061	As of □ □ □	the date you file, the claim is: Contingent Unliquidated Disputed None of the above apply	Check all that ap	ply	
		Does	the creditor have a lien on you	ır property?		
		. =	No			
	Contact		Yes. Total claim (secured and Value of security:	d unsecured)	\$ -\$	
	Contact phone	-	Unsecured claim		\$	
17	CANCUDON'S DANIE!	What	is the nature of the claim?	Store Char (GAP)	ge Account	\$ \$5,298.00
	SYNCHRONY BANK/ GAP Visa PO BOX 965061 Orlando, FL 32896	As of □ □	the date you file, the claim is: Contingent Unliquidated	Check all that ap	ply	

B 104 (Official Form 104)

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Debtor	Thomas L. Vater		Case nu	mber (if known)		
			Disputed  None of the above apply			
		Does	the creditor have a lien on you	ır property?		
			No			
	Contact		Yes. Total claim (secured and	d unsecured)	\$	
	Contact		Value of security:		- \$	
	Contact phone	•	Unsecured claim		\$	
18		What	is the nature of the claim?	Store Char (Lowes)	ge Account	\$ \$6,542.00
	SYNCHRONY BANK/ Lowes	A = = f	the data vary file the claim is:	Chook all that an	ml	
	PO BOX 965061	AS OF	the date you file, the claim is: Contingent	Check all that ap	ply	
	Orlando, FL 32896		Unliquidated			
			Disputed			
			None of the above apply			
		_				
		Does	the creditor have a lien on you	ir property?		
			No			
	Contact		Yes. Total claim (secured and	d unsecured)	\$	
			Value of security:		- \$	
	Contact phone		Unsecured claim		\$	
19	The Dickerson Karacsonyi Law Group 1745 Village Center Cir. Las Vegas, NV 89134		is the nature of the claim?  the date you file, the claim is:     Contingent     Unliquidated     Disputed     None of the above apply	Legal Fees Check all that ap		\$ \$120,013.98
		Does	the creditor have a lien on you	ır property?		
			No			
	Contact		Yes. Total claim (secured and	d unsecured)	\$	
			Value of security:		- \$	
	Contact phone		Unsecured claim		\$	
20		What	is the nature of the claim?	2013 Volks Jetta	wagen	\$ \$9,555.34
	Volkswagen Credit					
	PO Box 5215	_	the date you file, the claim is:	Check all that ap	ply	
	Carol Stream, IL 60197-5215		Contingent Unliquidated			
			Disputed			
			None of the above apply			
		Does	the creditor have a lien on you	ır nronerty?		
		_	•	property:		
			No -			. 0.4
	Contact		Yes. Total claim (secured and	d unsecured)	\$ \$20,913	
			Value of security:		-\$ \$11,358	
	Contact phone		Unsecured claim		\$ \$9,555.	34

B 104 (Official Form 104)

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Debtor 1	Thomas L. Vater	Case number (if known)	
Part 2:	Sign Below		
Under per	nalty of perjury, I declare that the infor	nation provided in this form is true and correct.	
X /s/ T	homas L. Vater	X	
Thor	nas L. Vater	Signature of Debtor 2	
		digitatale of Bobtol E	
Signa	ture of Debtor 1	Signature of Boston 2	

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Fill in	this inform	ation to identify your	case:			
Debto	or 1	Thomas L. Vater	<b>N</b> . 1 II. N			
Debto	or 2	First Name	Middle Name	Last Name		
	e if, filing)	First Name	Middle Name	Last Name		
United	d States Ban	kruptcy Court for the:	DISTRICT OF NEVADA			
Case	number					
(if know					☐ Ch	eck if this is an
					am	ended filing
Offi	cial For	m 106Sum				
Sum	nmary of	Your Assets	and Liabilities an	d Certain Statistical Information		12/15
inform	nation. Fill o	ut all of your schedul	es first; then complete th	are filing together, both are equally responsible for e information on this form. If you are filing amend the box at the top of this page.		
Part 1	Summa	rize Your Assets				
						r assets le of what you own
					vaic	ie or what you own
1.	<b>Schedule A/</b> I 1a. Copy line	B: Property (Official Fe 55. Total real estate. f	orm 106A/B) rom Schedule A/B		\$	2,487,099.00
					\$	1,403,347.21
			· ·		_	, ,
•	1c. Copy line	63, Total of all propert	y on Schedule A/B		\$_	3,890,446.21
Part 2	2: Summa	rize Your Liabilities				
					You	r liabilities
					Amo	ount you owe
			laims Secured by Property		\$	1,444,656.25
2	2a. Copy the	total you listed in Colu	mn A, <i>Amount of claim,</i> at t	he bottom of the last page of Part 1 of Schedule D	Φ _	1,444,030.23
			Unsecured Claims (Official 1 (priority unsecured claims	Form 106E/F) s) from line 6e of <i>Schedule E/F</i>	\$	165,000.00
					•	222 222 22
	3b. Copy the	total claims from Part	2 (nonpriority unsecured cl	aims) from line 6j of Schedule E/F	\$_	600,383.63
				Your total liabilities	\$	2,210,039.88
				Tour total nashines		2,210,033.00
Part 3	Summa	rize Your Income and	Expenses			
4.	Schedule I: Y	our Income (Official Fo	orm 106I)			
				<i>I</i>	\$_	31,581.67
		Your Expenses (Officia			Φ.	42,659.31
(	Copy your mo	onthly expenses from li	ne 22c of <i>Schedule J</i>		\$_	42,039.31
Part 4	: Answer	These Questions for	Administrative and Statis	stical Records		
_	•	•	er Chapters 7, 11, or 13? on this part of the form. Ch	neck this box and submit this form to the court with yo	ur other	schedules.
7. <b>\</b>	■ Yes What kind of	f debt do you have?				
I				lebts are those "incurred by an individual primarily for g for statistical purposes. 28 U.S.C. § 159.	a persor	nal, family, or
ı		ebts are not primarily		re nothing to report on this part of the form. Check this	s <i>box</i> an	d submit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

### Case 19-12796-abl Doc 1 Entered 05/03/19 10:25:57 Page 20 of 69

Debtor 1 Thomas L. Vater Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

31,581.67

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on <i>Schedule E/F</i> , copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	15,000.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	150,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	44,942.27
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	15,000.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	224,942.27

	Case 19-1	12796-abi	Doc :	1 Entered 05/03/19 10:2	5:57 Pa	ge 21 of	69
Fill in this infor	rmation to identify	your case and th	nis filinç	g:			
Debtor 1	Thomas L. \	/ater					
Debtor 2	First Name	Middle	Name	Last Name			
(Spouse, if filing)	First Name	Middle	Name	Last Name			
United States B	ankruptcy Court for	the: DISTRICT	OF NE	/ADA			
Coco numbor							
Case number							☐ Check if this is an amended filing
Schedu In each category, think it fits best. I information. If mo Answer every que Part 1: Describe	Be as complete and re space is needed, stion.  E Each Residence, B have any legal or ecurt 2.	roperty lescribe items. List accurate as possible attach a separate sluilding, Land, or Ot	e. If two heet to t her Real	e only once. If an asset fits in more than a married people are filing together, both this form. On the top of any additional particles are filled to the form. On the top of any additional particles are filled to the filled to	are equally resp ges, write your r	onsible for su	pplying correct
	pphire Bay Circle s, if available, or other des		What	is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative	the amount	of any secured	ims or exemptions. Put d claims on Schedule D: ns Secured by Property.
Las Vega	NV State	<b>89128-0000</b> ZIP Code		Investment property Timeshare	Describe t	perty? 2 <b>3,924.00</b> he nature of ye	Current value of the portion you own? \$1,723,924.00
			_	Other has an interest in the property? Check one Debtor 1 only		ee simple, tena e), if known.	ancy by the entireties, or
Clark				Debtor 2 only			
County						t if this is com	munity property
			Othe	r information you wish to add about this erty identification number:	,	,	
			Owi	ned by Family Trust			

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otor 1 T			horo		
If you o	own or have more	than one, list	What is the property? Check all that apply		
2945 Ha	arbor Cove Drive		Single-family home	Do not doduct accured of	laima ar ayamatiana Dut
	ss, if available, or other description		Duploy or multi unit building	Do not deduct secured of the amount of any secure	
			Condominium or apparative	Creditors Who Have Clair	ims Secured by Property
			Condominium of cooperative		
				Current value of the	Current value of the
Las Ve	gas NV	89128-0000	Land	entire property?	portion you own?
City	State	ZIP Code	☐ Investment property	\$763,175.00	\$763,175
			☐ Timeshare	Describe the nature of	vour ownership intere
			Other	(such as fee simple, ter	
			Who has an interest in the property? Check one	a life estate), if known.	
<b>.</b> .			Debtor 1 only		
Clark			Debtor 2 only		
County			Debtor 1 and Debtor 2 only	Check if this is cor	nmunity property
			At least one of the debtors and another	(see instructions)	71 11 7
			Other information you wish to add about this ite property identification number:	em, such as local	
			Owned by THV care of Family Trust		
Description own, I	u have attached for ibe Your Vehicles ease, or have legal	r Part 1. Write tha	or all of your entries from Part 1, including any it number here	red or not? Include any v	
Descri ou own, I cone else ars, vans	u have attached for ibe Your Vehicles ease, or have legal	r Part 1. Write tha	rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Un	red or not? Include any v	
2: Descri ou own, I cone else ars, vans	u have attached for ibe Your Vehicles ease, or have legal drives. If you lease a	r Part 1. Write tha	rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Un	red or not? Include any v	\$2,487,099.00
2: Descri ou own, I cone else ars, vans	u have attached for ibe Your Vehicles ease, or have legal drives. If you lease a	r Part 1. Write tha	rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Un	red or not? Include any very line in the second of the sec	rehicles you own that
pages you  Descri  ou own, I  cone else  ars, vans  No  Yes	u have attached for the Your Vehicles ease, or have legal drives. If you lease a , trucks, tractors, s	r Part 1. Write tha	rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Unies, motorcycles  Who has an interest in the property? Check one	red or not? Include any v	rehicles you own that
pages you  Descri ou own, I eone else ars, vans No Yes Make:	u have attached for the Your Vehicles lease, or have legal drives. If you lease at trucks, tractors, s  Volkswagen	or equitable inte a vehicle, also rep port utility vehicle	rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Unies, motorcycles  Who has an interest in the property? Check one	ped or not? Include any volumexpired Leases.  Do not deduct secured or the amount of any secure Creditors Who Have Cla	rehicles you own that sehicles you own that you own th
pages you 2: Descri you own, I eone else ars, vans No Yes Make: Model: Year:	u have attached for the four Vehicles  ease, or have legal drives. If you lease at the four vehicles  trucks, tractors, so Volkswagen  Jetta	r Part 1. Write tha	rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Unies, motorcycles  Who has an interest in the property? Check one	red or not? Include any vonexpired Leases.  Do not deduct secured of the amount of any secure	rehicles you own that
ou own, I cone else ars, vans No Yes Make: Model: Year: Approxin	u have attached for the following state of the Your Vehicles  ease, or have legal drives. If you lease at trucks, tractors, so trucks, tractors, so Volkswagen  Jetta 2013	r Part 1. Write tha	rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Unies, motorcycles  Who has an interest in the property? Check one  Debtor 1 only Debtor 2 only	Do not deduct secured of the amount of any secure Creditors Who Have Cla	rehicles you own that rehicles you own that rehicles you own that relating or exemptions. Pled claims or exemptions. Pled claims on Schedule lims Secured by Propent Current value of the
Description own, I cone else ars, vans  No Yes  Make:  Model:  Year:  Approximates	u have attached for the property of the proof of the proo	r Part 1. Write tha	rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Unites, motorcycles  Who has an interest in the property? Check one  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured of the amount of any secure Creditors Who Have Cla	rehicles you own that claims or exemptions. P ed claims on Schedule ims Secured by Propen Current value of th portion you own?
ou own, I cone else ars, vans No Yes Make: Model: Year: Approxin	u have attached for the four Vehicles  ease, or have legal drives. If you lease at the formation:  Volkswagen  Jetta 2013  mate mileage: formation:	r Part 1. Write tha	rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Unives, motorcycles  Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property	Do not deduct secured of the amount of any secur Creditors Who Have Cla  Current value of the entire property?	rehicles you own that rehicles you own that relaims or exemptions. Pred claims on Schedule rims Secured by Propent Current value of the portion you own?
pages you  2: Descri ou own, I cone else ars, vans  No Yes  Make: Model: Year: Approxii Other in	u have attached for the four Vehicles  ease, or have legal drives. If you lease at trucks, tractors, so trucks, tractors, so trucks are trucks.  Volkswagen  Jetta 2013  mate mileage: formation:	r Part 1. Write that or equitable interests a vehicle, also reproport utility vehicles [	rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Unives, motorcycles  Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one	Do not deduct secured of the amount of any secure Creditors Who Have Class.	claims or exemptions. Pred claims on Schedule ims Secured by Propent Current value of the portion you own? \$11,358
pages you  2: Descri ou own, I eone else ars, vans  No Yes  Make: Model: Year: Approxii Other in	u have attached for the proof of the Your Vehicles  ease, or have legal drives. If you lease at trucks, tractors, so trucks, tractors, so trucks are trucks.  Volkswagen  Jetta  2013  mate mileage: formation:	r Part 1. Write that or equitable interests a vehicle, also reproport utility vehicles [	rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Unites, motorcycles  Who has an interest in the property? Check one  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	Do not deduct secured of the amount of any secure Creditors Who Have Clate Current value of the entire property?  \$11,358.00	claims or exemptions. Pred claims on Schedule ims Secured by Propertions. Current value of the portion you own?  \$11,358
pages you  2: Descri ou own, I eone else ars, vans No Yes  Make: Model: Year:  Make: Model: Year:	u have attached for the Your Vehicles  ease, or have legal drives. If you lease at trucks, tractors, so trucks, tractors, so trucks are trucks.  Volkswagen  Jetta  2013  mate mileage: formation:  Audi  Q7  2013	r Part 1. Write that or equitable interests a vehicle, also reproport utility vehicles [	rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Unives, motorcycles  Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one	Do not deduct secured of the amount of any secure Creditors Who Have Clarentire property?  \$11,358.00  Do not deduct secured of the entire property?	claims or exemptions. Pred claims on Schedule ims Secured by Propent Current value of the portion you own?  \$11,358  claims or exemptions. Pred claims on Schedule ims Secured by Propent Current value of the Current value of the Current value of the county of the count
pages you  2: Descri ou own, I eone else ars, vans No Yes  Make: Model: Year:  Make: Model: Year:	u have attached for the proof of the Your Vehicles  ease, or have legal drives. If you lease at trucks, tractors, so trucks, tractors, so trucks are trucks.  Volkswagen  Jetta  2013  mate mileage: formation:	r Part 1. Write that or equitable interests a vehicle, also reproport utility vehicles [	rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Unites, motorcycles  Who has an interest in the property? Check one  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one Debtor 1 only	Do not deduct secured of the amount of any secure Creditors Who Have Clarentire property?  \$11,358.00  Do not deduct secured of the entire property?	claims or exemptions. Pred claims on Schedule ims Secured by Propen Current value of the portion you own?  \$11,358
pages you  Descri ou own, I eone else ars, vans  No Yes  Make: Model: Year: Approxin Other in  Make: Model: Year: Approxin	u have attached for the Your Vehicles  ease, or have legal drives. If you lease at trucks, tractors, so trucks, tractors, so trucks are trucks.  Volkswagen  Jetta  2013  mate mileage: formation:  Audi  Q7  2013	r Part 1. Write that or equitable interest a vehicle, also reproport utility vehicles [	rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Unives, motorcycles  Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one Debtor 1 only Debtor 2 only	Do not deduct secured of the amount of any secure Creditors Who Have Clar Current value of the entire property?  \$11,358.00  Do not deduct secured of the amount of any secure Creditors Who Have Clar Current value of the amount of any secure Creditors Who Have Clar Current value of the	claims or exemptions. Pued claims on Schedule claims Secured by Propertion you own?  \$11,358  claims or exemptions. Pued claims on Schedule claims on Schedule claims Secured by Propertions Secured by Propertions Current value of the

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Debto	or 1 <u>T</u>	homas L. Vater	Ca	ase number (if known)		
3.3	Make:	Volkswagon Bug	Who has an interest in the property? Check one ■ Debtor 1 only		laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.	
	Year:	1955	Debtor 2 only			
		nate mileage:	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?	
		formation:	☐ At least one of the debtors and another	onmo proporty :	portion you out	
	Collec		At least one of the deptors and another			
	Collec	labie	☐ Check if this is community property (see instructions)	\$3,000.00	\$3,000.00	
3.4	Make:	Volkswagon Super Beatle	Who has an interest in the property? Check one		aims or exemptions. Put	
	Model:	Convertable	Debtor 1 only		ed claims on Schedule D: ims Secured by Property.	
	Year:	1975	☐ Debtor 2 only			
		nate mileage:	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?	
	• • •	formation:	☐ At least one of the debtors and another	entire property?	portion you own:	
	Collec	***************************************	At least one of the debtors and another			
	Collec	labie	Check if this is community property (see instructions)	Unknown	Unknown	
3.5	Make:	Volkswagon	Who has an interest in the property? Check one	Do not deduct secured of	laims or exemptions. Put	
	Model:	Van	Debtor 1 only		ims Secured by Property.	
	Year:	1965	Debtor 2 only	Current value of the	Current value of the	
	Approxin	nate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?	
		formation:	At least one of the debtors and another		, ,	
	Collec	table Car Parts	A reast one of the debtors and another			
	I	sembled)	Check if this is community property (see instructions)	Unknown	Unknown	
3.6	Make:	Volkswagon	Who has an interest in the property? Check one	Do not deduct secured c	laims or exemptions. Put ed claims on Schedule D:	
	Model:	Beatle Convertable	Debtor 1 only	Creditors Who Have Cla	ims Secured by Property.	
	Year:	2007	☐ Debtor 2 only	Current value of the	Current value of the	
	Approxin	nate mileage:	☐ Debtor 1 and Debtor 2 only	entire property?	portion you own?	
	Other inf	formation:	☐ At least one of the debtors and another			
			☐ Check if this is community property (see instructions)	\$7,254.00	\$7,254.00	
Exa	mples: B		s and other recreational vehicles, other vehicles, and watercraft, fishing vessels, snowmobiles, motorcycle a			
4.1	Make:	Four Winns	Who has an interest in the property? Check one	Do not deduct secured of the amount of any secure		
	Model:	30 Ft Boat	Debtor 1 only	,	ims Secured by Property.	
	Year:	1990	Debtor 2 only	Current value of the	Current value of the	
			☐ Debtor 1 and Debtor 2 only	entire property?	portion you own?	
	Other inf	formation:	☐ At least one of the debtors and another			
			☐ Check if this is community property (see instructions)	\$16,900.00	\$16,900.00	

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Debt	or 1 <u> </u>	homas L. Vater	Cas	se number (if known)	
4.2	Make:	Jaybee	Who has an interest in the property? Check one		claims or exemptions. Put ed claims on Schedule D:
	Model:	Sailboat	Debtor 1 only		ims Secured by Property.
	Year:	1995	Debtor 2 only	Current value of the	Current value of the
			Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	formation:	At least one of the debtors and another	40.00	40.00
			Check if this is community property (see instructions)	\$0.00	\$0.00
4.3	Make:	Electricraft	Who has an interest in the property? Check one		claims or exemptions. Put ed claims on Schedule D:
	Model:	18 Ft Boat	■ Debtor 1 only		ims Secured by Property.
	Year:	2013	Debtor 2 only	Current value of the	Current value of the
			Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	formation:	At least one of the debtors and another		
			Check if this is community property (see instructions)	\$20,000.00	\$20,000.00
4.4	Make:	Electricraft	Who has an interest in the property? Check one		claims or exemptions. Put
	Model:	16 Ft Boat	Debtor 1 only		ed claims on Schedule D: ims Secured by Property.
	Year:	1999	Debtor 2 only		, , ,
			Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other inf	formation:	☐ At least one of the debtors and another		
			☐ Check if this is community property	\$5,000.00	\$5,000.00
.p. Part	ages you  B: Descri	have attached for Part	n you own for all of your entries from Part 2, including any 2. Write that number here  Isehold Items  itable interest in any of the following items?		\$77,854.00  Current value of the
.p. Part Do y  6. Ho	Descri ou own ousehold examples:	the Your Personal and House have any legal or eque	2. Write that number heresehold Items	>	<u> </u>
.p. Part Do y  6. Ho	Descri ou own ousehold examples:	be Your Personal and Hour print have any legal or equipor have any legal or equipor by a solution of the solut	2. Write that number here	>	Current value of the portion you own? Do not deduct secured claims or exemptions.
.p. Part Do y	Descriou own of ousehold examples: No Yes. Descriousehold examples: No	be Your Personal and House the Your Personal and House or have any legal or eques goods and furnishings Major appliances, furniture escribe  Miscella Televisions and radios; a	2. Write that number heresehold Items itable interest in any of the following items? re, linens, china, kitchenware		Current value of the portion you own? Do not deduct secured claims or exemptions.
.p. Part Do y 6. Ho E	Descriou own of ousehold examples: No Yes. Descrious examples:	be Your Personal and House or have any legal or equestions and furnishings Major appliances, furnitures and radios; a including cell phones, calescribe	2. Write that number here	rs, scanners; music collect	Current value of the portion you own? Do not deduct secured claims or exemptions.  \$11,500.00 ions; electronic devices
7. El E	Descrition ou own of the complex of	make attached for Part  the Your Personal and House or have any legal or equence of have any legal or e	2. Write that number here	rs, scanners; music collection objects; stamp, coin, or ba	Current value of the portion you own? Do not deduct secured claims or exemptions.  \$11,500.00  ions; electronic devices
7. El E	Descrition ou own of the complex of	phave attached for Part the Your Personal and Hour or have any legal or equivalent and furnishings Major appliances, furniture escribe  Miscella Televisions and radios; a including cell phones, ca escribe s of value Antiques and figurines; p other collections, memor escribe for sports and hobbies Sports, photographic, exe	2. Write that number here	rs, scanners; music collection objects; stamp, coin, or ba	Current value of the portion you own? Do not deduct secured claims or exemptions.  \$11,500.00  ions; electronic devices

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Debtor 1	Thomas L. Vater		Case	number (if known)	
0. <b>Firea</b> Exai ■ No	mples: Pistols, rifles, shotgu	ns, ammunition, and	d related equipment		
☐ Ye	s. Describe				
1. <b>Cloth</b> <i>Exai</i> □ No	mples: Everyday clothes, fur	rs, leather coats, de	signer wear, shoes, accessories		
Ye	s. Describe				
	Misce	Ilaneous Clothir	g		\$200.00
☐ No	mples: Everyday jewelry, co	stume jewelry, enga	gement rings, wedding rings, heirloom jewelry,	watches, gems, gold	, silver
	Wife's	s Jewelry			\$40,000.00
Example No.	s. Describe other personal and house	hold items you did	not already list, including any health aids yo	ou did not list	
		•	Part 3, including any entries for pages you ha	ave attached	\$52,000.00
	Describe Your Financial Asse				
Do you (	own or have any legal or e	equitable interest ii	n any of the following?		Current value of the portion you own?  Do not deduct secured claims or exemptions.
■ No	mples: Money you have in y		ome, in a safe deposit box, and on hand when y	ou file your petition	
Exai	institutions. If you ha		ounts; certificates of deposit; shares in credit ur s with the same institution, list each.	nions, brokerage hou	ses, and other similar
□ No ■ Ye	s		Institution name:		
	17.1.	Checking	Nevada State Bank Ending in #86	609	\$179.05
	17.2.	Checking	Wells Fargo Ending #1597		\$24.47
	17.3.	Checking	Wells Fargo Ending #3262		\$2,662.85

Debtor 1	Thomas L. Vater		Case number (if known)					
	17.4.	Money Market	MFS Government Money	Market Fund		\$13,215.90		
	17.5. Money Market  17.6. Money Market		Massachusetts Investors		\$51,235.15			
			Mass Investors Growth S	Mass Investors Growth Stock Fund A				
	17.7.	Money Market	MFS Total Return Fund A	1		\$12,103.93		
	17.8.	Money Market	MFS Value Fund A			\$48,161.57		
Exam	s, mutual funds, or publi pples: Bond funds, investm		erage firms, money market account	s				
■ No □ Yes.		Institution or issuer na	me:					
joint v □ No	venture  . Give specific information		ated and unincorporated busines	sses, including ar % of ownershi		n LLC, partnership, and		
		onas Brother's LLC			· %	\$58,446.00		
	В	WT Group LLC			%	\$148,356.00		
	<u>T</u>	HV Holdings LLC			%	Unknown		
	<u>Jo</u>	onas Brother's LLC			%	\$49,278.00		
	Va	ater Water			%	\$0.00		
	<u>Th</u>	nomas L. Vater D. O	. LTD		%	Unknown		
	Ne	evada Orthopedic &	Spine Center	1/16th	%	Unknown		
	CA	ASS Investments			_ %	\$150,000.00		
Negor Non-r ■ No □ Yes.	tiable instruments include negotiable instruments are . Give specific information Iss	personal checks, cashing those you cannot trans about them suer name:	able and non-negotiable instrumers' checks, promissory notes, and sfer to someone by signing or deliver	money orders.				
	ment or pension account aples: Interests in IRA, ERI		B(b), thrift savings accounts, or other	er pension or profit-	-sharing plans			

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Debtor 1 Tho	omas L. Vater	Case number (if known)	
Yes. List ea	ach account separately. Type of account:	Institution name:	
	401(k)	TransAmerica Nevada Orthopedic & Spine	\$456,929.07
	401(k)	TransAmerica Heidi Vater	\$256,402.00
	IRA	Heidi UMC Retirement	\$8,205.08
Your share o		o that you may continue service or use from a company public utilities (electric, gas, water), telecommunications compani	es, or others
☐ Yes		Institution name or individual:	
23. <b>Annuities</b> (A	contract for a periodic payment of mon	ey to you, either for life or for a number of years)	
■ No □ Yes	. Issuer name and description.		
26 U.S.C. §§ 9	530(b)(1), 529A(b), and 529(b)(1).	qualified ABLE program, or under a qualified state tuition prog	gram.
☐ Yes	. Institution name and description	n. Separately file the records of any interests.11 U.S.C. § 521(c):	
25. <b>Trusts, equit</b> □ No	able or future interests in property (	other than anything listed in line 1), and rights or powers exer	cisable for your benefit
Yes. Give	specific information about them		
	Vater 2007 Irrev	ocable Trust	Unknown
	Vater Family Tro	ust	Unknown
Examples: Îr ■ No □ Yes. Give :  27. Licenses, fra Examples: B ■ No	specific information about them  anchises, and other general intangible wilding permits, exclusive licenses, coo	eds from royalties and licensing agreements	s
☐ Yes. Give	specific information about them		
Money or prope	rty owed to you?		Current value of the portion you own?  Do not deduct secured claims or exemptions.
28. Tax refunds ■ No □ Yes. Give s	•	ng whether you already filed the returns and the tax years	
29. Family supples: P		support, child support, maintenance, divorce settlement, property s	settlement

Official Form 106A/B Schedule A/B: Property page 7

☐ Yes. Give specific information.....

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	Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability benefit benefits; unpaid loans you made to someone else	s, sick pay, vacation pay, workers' compens	sation, Social Security
	No		
	☐ Yes. Give specific information		
	Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HS  No	A); credit, homeowner's, or renter's insuranc	e
	_		
	Yes. Name the insurance company of each policy and list its value.  Company name:	Beneficiary:	Surrender or refund value:
	Disability Insurance (Tom)		Unknown
	Life Insurance (Heidi)		Unknown
	Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insursomeone has died.  No Yes. Give specific information	rance policy, or are currently entitled to recei	ve property because
	Claims against third parties, whether or not you have filed a lawsuit of Examples: Accidents, employment disputes, insurance claims, or rights to No Yes. Describe each claim		
	Other contingent and unliquidated claims of every nature, including o  No  Yes. Describe each claim	counterclaims of the debtor and rights to	set off claims
35.	Any financial assets you did not already list		
	■ No □ Yes. Give specific information		
36	Add the dollar value of all of your entries from Part 4, including any for Part 4. Write that number here		\$1,272,993.21
Pai	t 5: Describe Any Business-Related Property You Own or Have an Interest In.	List any real estate in Part 1.	
37.	Do you own or have any legal or equitable interest in any business-related prop	erty?	
ı	No. Go to Part 6.		
	Yes. Go to line 38.		
Pai	t 6: Describe Any Farm- and Commercial Fishing-Related Property You Own o If you own or have an interest in farmland, list it in Part 1.	r Have an Interest In.	
46.	Do you own or have any legal or equitable interest in any farm- or cor	nmercial fishing-related property?	
	■ No. Go to Part 7.	3	
	☐ Yes. Go to line 47.		

Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7:

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Debt	or 1 Thomas L. Vater		Case number (if known)	
	Oo you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No			
	Yes. Give specific information			
	Boat Trailer			\$500.00
54.	Add the dollar value of all of your entries from Part 7. Write tha	t number here		\$500.00
Part	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2		<u> </u>	\$2,487,099.00
56.	Part 2: Total vehicles, line 5	\$77,854.00		
57.	Part 3: Total personal and household items, line 15	\$52,000.00		
58.	Part 4: Total financial assets, line 36	\$1,272,993.21		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$500.00		
62.	Total personal property. Add lines 56 through 61	\$1,403,347.21	Copy personal property total	\$1,403,347.21
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$3,890,446,21

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Debtor 1	Thomas L. Vater			
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	DISTRICT OF NEVADA		
Case number				
if known)				Check if this is ar amended filing

### Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
8100 Sapphire Bay Circle Las Vegas, NV 89128 Clark County	\$1,723,924.00		\$627,075.80	Nev. Rev. Stat. § 21.080.2
Owned by Family Trust Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
2945 Harbor Cove Drive Las Vegas, NV 89128 Clark County	\$763,175.00		\$463,175.00	Nev. Rev. Stat. § 21.080.2
Owned by THV care of Family Trust Line from Schedule A/B: 1.2			100% of fair market value, up to any applicable statutory limit	
2013 Volkswagen Jetta Line from Schedule A/B: 3.1	\$11,358.00		\$11,358.00	Nev. Rev. Stat. § 21.090(1)(f)
Zino nomi concadio / v.Z. Cin			100% of fair market value, up to any applicable statutory limit	
2013 Audi Q7 121000 miles	\$14,342.00		\$14,342.00	Nev. Rev. Stat. § 21.090(1)(f)
Ellio II on concade 772.			100% of fair market value, up to any applicable statutory limit	
1955 Volkswagon Bug Collectable	\$3,000.00		\$2,746.00	Nev. Rev. Stat. § 21.090(1)(z)
Line from Schedule A/B: 3.3			100% of fair market value, up to any applicable statutory limit	

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Thomas L. Vater			Case number (if known)	
description of the property and line on dule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
Volkswagon Beatle Convertable	\$7,254.00		\$7,254.00	Nev. Rev. Stat. § 21.090(1)(z)
Total Scriedule A/D. 3.0			100% of fair market value, up to any applicable statutory limit	
ellaneous Household ishings	\$11,500.00		\$11,500.00	Nev. Rev. Stat. § 21.090(1)(b)
rom Schedule A/B: <b>6.1</b>			100% of fair market value, up to any applicable statutory limit	
era, Skis, Skateboard, Mountain	\$300.00		\$300.00	Nev. Rev. Stat. § 21.090(1)(b)
rom Schedule A/B: <b>9.1</b>			100% of fair market value, up to any applicable statutory limit	
rellaneous Clothing	\$200.00		\$200.00	Nev. Rev. Stat. § 21.090(1)(b)
Totti Scriedule A/B. 11.1			100% of fair market value, up to any applicable statutory limit	
's Jewelry	\$40,000.00		\$40,000.00	Nev. Rev. Stat. § 21.090(1)(a)
Total Goriedate 74 B. 12.1			100% of fair market value, up to any applicable statutory limit	
cking: Nevada State Bank Ending	\$179.05		\$179.05	Nev. Rev. Stat. § 21.090(1)(g)
rom Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
cking: Wells Fargo Ending #1597	\$24.47		\$24.47	Nev. Rev. Stat. § 21.090(1)(g)
ioni odradale 745. Tile			100% of fair market value, up to any applicable statutory limit	
cking: Wells Fargo Ending #3262	\$2,662.85		\$2,662.85	Nev. Rev. Stat. § 21.090(1)(g)
ioni danedale A/D. The			100% of fair market value, up to any applicable statutory limit	
k): TransAmerica Nevada	\$456,929.07		\$456,929.07	Nev. Rev. Stat. § 21.090(1)(r)
rom Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	
ect to adjustment on 4/01/22 and every 3 No	years after that for ca	ases fi		
□ Yes				
	Volkswagon Beatle Convertable rom Schedule A/B: 3.6  ellaneous Household ishings rom Schedule A/B: 6.1  era, Skis, Skateboard, Mountain rom Schedule A/B: 9.1  ellaneous Clothing rom Schedule A/B: 11.1  ellaneous Clothing rom Schedule A/B: 11.1  cking: Nevada State Bank Ending 1609  rom Schedule A/B: 17.1  cking: Wells Fargo Ending #1597  rom Schedule A/B: 17.2  cking: Wells Fargo Ending #3262  rom Schedule A/B: 17.3  cking: Wells Fargo Ending #3262  rom Schedule A/B: 17.3  cking: Wells Fargo Ending #3262  rom Schedule A/B: 17.3  cking: Wells Fargo Ending #3262  rom Schedule A/B: 17.3  cking: Wells Fargo Ending #3262  rom Schedule A/B: 21.1	description of the property and line on fulle A/B that lists this property  Volkswagon Beatle Convertable rom Schedule A/B: 3.6  Volkswagon Beatle Convertable rom Schedule A/B: 3.6  Ellaneous Household ishings rom Schedule A/B: 6.1  era, Skis, Skateboard, Mountain rom Schedule A/B: 9.1  era, Skis, Skateboard, Mountain rom Schedule A/B: 9.1  ellaneous Clothing rom Schedule A/B: 11.1  ellaneous Clothing rom Schedule A/B: 12.1  ellaneous Clothing rom Schedule A/B: 12.1  eking: Nevada State Bank Ending 609 rom Schedule A/B: 17.1  eking: Wells Fargo Ending #1597 rom Schedule A/B: 17.2  eking: Wells Fargo Ending #3262 rom Schedule A/B: 17.3  eking: Wells Fargo Ending #3262 rom Schedule A/B: 21.1  exing: Wells Fargo Ending #3262 rom Schedule A/B: 21.1  exing: Wells Fargo Ending #3262 rom Schedule A/B: 21.1  exing: Wells Fargo Ending #3262 rom Schedule A/B: 21.1  exing: Wells Fargo Ending #3262 rom Schedule A/B: 21.1  exing: Wells Fargo Ending #3262 rom Schedule A/B: 21.1	description of the property and line on fulle A/B that lists this property  Volkswagon Beatle Convertable rom Schedule A/B: 3.6  Volkswagon Beatle Convertable rom Schedule A/B: 3.6  Ellaneous Household ishings rom Schedule A/B: 6.1  Era, Skis, Skateboard, Mountain rom Schedule A/B: 9.1  Ellaneous Clothing rom Schedule A/B: 11.1  Ellaneous Clothing rom Schedule A/B: 12.1  Sking: Nevada State Bank Ending 609  rom Schedule A/B: 17.1  Cking: Wells Fargo Ending #1597  rom Schedule A/B: 17.2  Cking: Wells Fargo Ending #3262  rom Schedule A/B: 17.3  Cking: Wells Fargo Ending #3262  rom Schedule A/B: 21.1  Cking: Wells Fargo Ending #3262  rom Schedule A/B: 21.1  Cking: Wells Fargo Ending #3262  rom Schedule A/B: 21.1  Cking: Wells Fargo Ending #3262  rom Schedule A/B: 21.1  Cking: Wells Fargo Ending #3262  rom Schedule A/B: 21.1  Cking: Wells Fargo Ending #3262  rom Schedule A/B: 21.1  Cking: Wells Fargo Ending #3262  rom Schedule A/B: 21.1	Current value of the property and line on Cyrent value of the portion you own Cyche value (A/B that lists this property and line on Schedule A/B that lists this property

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	Ousc 15 121	oo abi boo i Emerca oo,oo	110 10.20.01	1 age 02 01 00	
Fill in this inform	ation to identify you	r case:			
Debtor 1	Thomas L. Vater				
	First Name	Middle Name Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last Name			
United States Bar	kruptcy Court for the:	DISTRICT OF NEVADA			
Case number					if this is an
				ameno	ded filing
Official Farms	100D				
Official Form					
Schedule	D: Creditors	Who Have Claims Secure	d by Property	y	12/15
is needed, copy the		f two married people are filing together, both are e ut, number the entries, and attach it to this form. O			
number (if known).					
_ `	have claims secured by				
_		is form to the court with your other schedules. Y	ou have nothing else t	o report on this form.	
Yes. Fill in	all of the information b	pelow.			
Part 1: List All	Secured Claims				
2. List all secured of	claims. If a creditor has m	nore than one secured claim, list the creditor separatel	Column A	Column B	Column C
		a particular claim, list the other creditors in Part 2. As all order according to the creditor's name.	Amount of claim  Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Transame Securities	erica Investors Corpo	Describe the property that secures the claim:	\$26,492.89	\$456,929.07	\$0.00
Creditor's Name		401(k): TransAmerica Nevada Orthopedic & Spine			
440 Mama Harrison, I	roneck Avenue NY 10528	As of the date you file, the claim is: Check all that apply.			
	City, State & Zip Code	☐ Contingent ☐ Unliquidated			
Number, Street,	City, State & Zip Code	☐ Disputed			
Who owes the del	bt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		_	ecured		
•		car loan)			
_	btor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
	e debtors and another	☐ Judgment lien from a lawsuit			
Check if this cla		Other (including a right to offset) 401K Loan	1		
■ Check if this cla	e debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			

Date debt was incurred

Last 4 digits of account number

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Debtor 1 Thomas L. Vater		Case number (if known)		
First Name Middle N	ame Last Name			
2.2 CHASE BANK	Describe the property that secures the claim:	\$300,000.00	\$763,175.00	\$0.00
Creditor's Name  Attention Managing Officer PO BOX 182613 Columbus, OH 43218	2945 Harbor Cove Drive Las Vegas, NV 89128 Clark County Owned by THV care of Family Trust As of the date you file, the claim is: Check all that apply.  Contingent		<u> </u>	<b>V</b>
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	■ An agreement you made (such as mortgage or se	ecured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number 1938			
2.3 MB Automotive - Restoration Shop	Describe the property that secures the claim:	Unknown	Unknown	Unknown
Creditor's Name	1965 Volkswagon Van			
	Collectable Car Parts (Disassembled)			
6230 Greyhound Ln,	As of the date you file, the claim is: Check all that			
Suite 1 Las Vegas, NV 89122	apply.			
Number, Street, City, State & Zip Code	☐ Contingent ☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgage or secar loan)	ecured		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)  Mechanics	s Lien		
Date debt was incurred	Last 4 digits of account number			
2.4 Nevada State Bank	Describe the property that secures the claim:	\$1,096,848.20	\$1,723,924.00	\$0.00
Creditor's Name	8100 Sapphire Bay Circle Las Vegas, NV 89128 Clark County Owned by Family Trust			
P.O. Box 77404	As of the date you file, the claim is: Check all that apply.			
Trenton, NJ 08628	☐ Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
Who owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	<ul> <li>An agreement you made (such as mortgage or secar loan)</li> </ul>	ecured		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
■ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number 1230			

Official Form 106D

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Debtor 1 Thomas L. Vater		Case number (if known)		
First Name Middle N	lame Last Name			
2.5 Transamerica Investors Securities Corpor	Describe the property that secures the claim:	\$401.82	\$456,929.07	\$0.00
Creditor's Name	401(k): TransAmerica Nevada		<u> </u>	
	Orthopedic & Spine			
440 Mamaroneck Avenue Harrison, NY 10528	As of the date you file, the claim is: Check all that apply.  Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
Who owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.			
_	☐ An agreement you made (such as mortgage or s	ecured		
■ Debtor 1 only □ Debtor 2 only	car loan)	secureu		
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset) 401K Loa	ın 2		
Date debt was incurred	Last 4 digits of account number			
2.6 Volkswagen Credit	Describe the property that secures the claim:	\$20,913.34	\$11,358.00	\$9,555.34
Creditor's Name	2013 Volkswagen Jetta			
PO Box 5215 Carol Stream, IL 60197-5215	As of the date you file, the claim is: Check all that apply.			
	Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
Who owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.			
☐ Debtor 1 only	An agreement you made (such as mortgage or s	secured		
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
■ Check if this claim relates to a community debt	☐ Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number 8287	<u>,                                      </u>		
Add the dollar value of your entries in C	Column A on this page. Write that number here:	\$1,444,656.2	25	
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$1,444,656.2	25	
write trat number nere.		. , , ,		

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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		Case 19-1275	o-abi Di	OC 1 LIII	ered 03/03/19 .	10.23.37 Fa	ge 33 01 09				
Fill in	this inform	ation to identify your	case:								
Debto	or 1	Thomas L. Vater									
		First Name	Middle Na	me	Last Name						
Debto	or 2 e if, filing)	First Name	Middle Na	ıma	Last Name						
		kruptcy Court for the:	DISTRICT O		Edot Name						
00	- Ctates 2a	aptoy Countries and									
Case number				-			☐ Check	if this is an			
							amend	ed filing			
Offic	ial Form	106F/F									
		F: Creditors W	/ho Have	Unsecure	d Claims			12/15			
Schedu eft. Att	le D: Credito ach the Cont	ory Contracts and Unexp rs Who Have Claims Sec inuation Page to this pag ber (if known).	ured by Propert	y. If more space	is needed, copy the Pa	rt you need, fill it out,	number the entries in	the boxes on the			
Part 1	List All	of Your PRIORITY Un	secured Clair	ns							
1. Do	Do any creditors have priority unsecured claims against you?										
	No. Go to Pa	ırt 2.									
	Yes.										
ide po	List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.										
(Fo	(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)										
						Total claim	Priority amount	Nonpriority amount			
2.1	Heidi Va	ter	La	st 4 digits of acc	ount number	\$15,000.00	\$15,000.00	\$0.00			
	Priority Creditor's Name 2945 Harbor Cove Dr.		Wi	When was the debt incurred?							
	Las Vegas, NV 89128  Number Street City State Zip Code  As of the date you file, the claim is: Check all that apply										
V	Who incurred the debt? Check one.			Contingent	, and channing chicon						
ı	Debtor 1 only			Unliquidated							
[	☐ Debtor 2 only ☐ Disputed										
	☐ Debtor 1 and Debtor 2 only  Type of PRIORITY unsecured claim:										
	☐ At least one of the debtors and another ☐ Domestic support obligations										
	☐ Check if this claim is for a community debt ☐ Taxes and certain other debts you owe the government										
ls	s the claim su	subject to offset?									
I	No			Other. Specify							
	☐ Yes		_	Court Ordered Temporary Support							

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Debto	Thomas L. Vater	Case number (if known)							
		\$150,000.0							
2.2	INTERNAL REVENUE SERVICE	Last 4 digits of account number	0	\$0.00	\$150,000.00				
	Priority Creditor's Name P.O. BOX 145595 Cincinnati, OH 45250	When was the debt incurred?							
	Number Street City State Zip Code	As of the date you file, the claim is: Check al							
٧	Who incurred the debt? Check one.	☐ Contingent							
	Debtor 1 only	☐ Unliquidated							
	Debtor 2 only	Disputed							
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:							
	$\square$ At least one of the debtors and another	☐ Domestic support obligations							
	Check if this claim is for a community debt	■ Taxes and certain other debts you owe the							
Is	s the claim subject to offset?	☐ Claims for death or personal injury while you							
	No	☐ Other. Specify							
	Yes	2017							
2.3	INTERNAL REVENUE SERVICE	Last 4 digits of account number	Unknown	\$0.00	\$0.00				
	Priority Creditor's Name								
	P.O. BOX 145595 Cincinnati, OH 45250	When was the debt incurred?							
	Number Street City State Zip Code	As of the date you file, the claim is: Check al							
٧	Who incurred the debt? Check one.	☐ Contingent							
I	Debtor 1 only	☐ Unliquidated							
	Debtor 2 only	☐ Disputed							
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:							
	At least one of the debtors and another	☐ Domestic support obligations							
I	Check if this claim is for a community debt	■ Taxes and certain other debts you owe the government							
	s the claim subject to offset?	$\square$ Claims for death or personal injury while you were intoxicated							
	No	☐ Other. Specify							
	☐ Yes	2018							
2.4	INTERNAL REVENUE SERVICE Priority Creditor's Name	Last 4 digits of account number	Unknown	\$0.00	\$0.00				
	P.O. BOX 145595	When was the debt incurred?							
	Cincinnati, OH 45250  Number Street City State Zip Code	As of the date you file, the claim is: Check al	Il that apply						
٧	Who incurred the debt? Check one.	☐ Contingent	,						
I	Debtor 1 only	☐ Unliquidated							
	Debtor 2 only	Disputed							
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:							
	☐ At least one of the debtors and another	☐ Domestic support obligations							
	■ Check if this claim is for a community debt	■ Taxes and certain other debts you owe the							
	s the claim subject to offset?	☐ Claims for death or personal injury while you							
_	■ No	☐ Other. Specify							
	☐ Yes	2019							
Part 2	List All of Your NONPRIORITY Unsecu	ured Claims							
	o any creditors have nonpriority unsecured claims against you?								
	No. You have nothing to report in this part. Submit this form to the court with your other schedules.								
		,							
	Yes.								

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

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Case number (if known)

Debtor 1 Thomas L. Vater Total claim 4.1 \$140,000.00 Black & LoBello Attorneys at Law Last 4 digits of account number Nonpriority Creditor's Name 10777 W Twain Ave #300 When was the debt incurred? Las Vegas, NV 89135 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ■ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Legal Fees 4.2 **CAPITAL ONE / Saks Fifth Avenue** Last 4 digits of account number 1205 \$6,454.22 Nonpriority Creditor's Name Attn: Managing Officer When was the debt incurred? P.O. BOX 60504 City of Industry, CA 91716 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Store Charge Account ☐ Yes 4.3 **CAPITAL ONE /Neiman Marcus** Last 4 digits of account number 0000 \$11,773.00 Nonpriority Creditor's Name Attn: Managing Officer When was the debt incurred? P.O. BOX 5235 Carol Stream, IL 60197-5235 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Store Charge Account (Neiman Marcus) ☐ Yes

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Debtor	1 Thomas L. Vater	Case number (if known)				
4.4	CHASE BANK	Last 4 digits of account number 4481	\$39,867.42			
	Nonpriority Creditor's Name Attn: Managing Officer P.O. BOX 15298 Wilmington, DE 19850	When was the debt incurred?				
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	■ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Credit Card				
4.5	CHASE BANK Nonpriority Creditor's Name	Last 4 digits of account number 1724	\$19,560.44			
	PO BOX 24696 Columbus, OH 43224	When was the debt incurred?				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Credit Card				
4.6	Clifton Larson Allen LLP Nonpriority Creditor's Name	Last 4 digits of account number	\$3,975.00			
	10845 Griffith Peak Drive, Suite 550 Las Vegas, NV 89135	When was the debt incurred?				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	■ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	■ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	■ Other. Specify Services Rendered				

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Debtor	1 Thomas L. Vater	Case number (if known)					
4.7	COMENITY BANK / Restoration Hardware	Last 4 digits of account number 5190	\$66,518.57				
	Nonpriority Creditor's Name Attn: Managing Officer P.O. BOX 659705	When was the debt incurred?					
	SAN ANTONIO, TX 78265-9705  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	Debtor 1 only						
	Debtor 2 only	☐ Contingent					
	_	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured claim:					
	■ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes	■ Other. Specify Store Charge Account (Restoration Hardware)					
4.8	Comenity Bank / Victoria's Secret Nonpriority Creditor's Name	Last 4 digits of account number 3961	\$1,317.62				
	Attn: Managing Officer PO Box 659728	When was the debt incurred?					
	San Antonio, TX 78265-9728  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	■ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	Yes	■ Other. Specify Store Charge Account (Victoria's Secret)					
4.9	Dena Johns, MFT Counseling Nonpriority Creditor's Name	Last 4 digits of account number	\$225.00				
	8430 West Lake Mead Suite 100 Las Vegas, NV 89128	When was the debt incurred?					
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	■ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	■ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts					
	Yes	Other. Specify					

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Debto	or 1 Thomas L. Vater	Case number (if known)	
4.1 0	Desert Breeze Dental	Last 4 digits of account number 3711	\$98.00
	Nonpriority Creditor's Name 8650 W. Spring Mountain Rd. Suite 101	When was the debt incurred?	
	Las Vegas, NV 89117-4106  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	■ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical Bill (Heidi)	
4.1	Desert Shores Community Association Nonpriority Creditor's Name	Last 4 digits of account number 0292	\$170.00
	2500 Regatta Dr Las Vegas, NV 89128	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1			
2	First Security Bank of Nevada	Last 4 digits of account number 7500	\$52,953.03
	Nonpriority Creditor's Name Attn: Managing Officer P.O. Box 34240	When was the debt incurred?	
	Las Vegas, NV 89133  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	■ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other Specify Line of Credit	

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Debto	Thomas L. Vater	Case number (if known)					
4.1	Heidi Vater		\$15,000.00				
3	Nonpriority Creditor's Name	Last 4 digits of account number	\$13,000.00				
	2945 Harbor Cove Dr. Las Vegas, NV 89128	When was the debt incurred?					
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	■ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	Yes	☐ Other. Specify					
	Li Tes	Court Ordered Temporary Support					
4.1	Level Community Management	Last 4 digits of account number 4711	\$261.00				
	Nonpriority Creditor's Name 8966 Spanish Ridge Ave., Suite 100	When was the debt incurred?					
	Las Vegas, NV 89148						
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.	_					
	Debtor 1 only	Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts					
	Yes	■ Other. Specify HOA Fees					
4.1	Macy's American Express	Last 4 digits of account number 9716	\$3,274.07				
5	Nonpriority Creditor's Name		<del></del>				
	Attn: Managing Officer P.O. Box 9001108	When was the debt incurred?					
	Louisville, KY 40290-1108						
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	Debtor 1 only	_					
	_	Contingent					
	Debtor 2 only	Unliquidated					
	☐ Debtor 1 and Debtor 2 only	Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	Check if this claim is for a community debt	☐ Student loans					
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes	■ Other Specify Store Charge Account (Macy's)					
	_ 100	- Other, Specify Store Strange / Toolston (Mady 3)					

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Debtor 1 Thomas L. Vater		Case number (if known)						
4.1	Navient	Last 4 digits of account number 4945	\$44.942.27					
6	Nonpriority Creditor's Name		Ψ++,5+2.21					
	P.O. Box 9640	When was the debt incurred?						
	Wilkes Barre, PA 18773-9640  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneok an that apply						
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community	Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts						
	Yes	☐ Other. Specify						
		Student Loans						
4.1	Name de Engana.		<b>\$200.00</b>					
7	Nevada Energy  Nonpriority Creditor's Name	Last 4 digits of account number	\$382.00					
	6226 W Sahara Ave Las Vegas, NV 89146-0909	ra Ave When was the debt incurred?						
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.							
	Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	□ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	■ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts						
	☐ Yes	■ Other. Specify Utility Services						
4.1								
8	NORDSTROM	Last 4 digits of account number 8905	\$12,143.00					
	Nonpriority Creditor's Name 1600 SEVENTH AVENUE, SUITE 2600	When was the debt incurred?						
	SEATTLE, WA 98101							
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.							
	Debtor 1 only							
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims						
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts						
	☐ Yes	■ Other. Specify Store Charge Account						

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Debtor	1 Thomas L. Vater	Case number (if known)					
4.1	QUEST DIAGNOSTICS	Last 4 digits of account number 8394	\$20.00				
9	Nonpriority Creditor's Name P.O. BOX 740351	When was the debt incurred?	Ψ20.00				
	Cincinnati, OH 45274-0351						
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	■ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	■ Check if this claim is for a community	☐ Student loans					
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims					
	■ No	Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes	■ Other. Specify Medical (Heidi)					
4.2	Regula E. Vater		\$20,000.00				
0	Nonpriority Creditor's Name	Last 4 digits of account number	φ20,000.00				
	8544 Burning Tree Trail Franktown, CO 80116	When was the debt incurred?					
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	□ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	■ Check if this claim is for a community	☐ Student loans					
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims					
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes	■ Other. Specify Personal Loan					
4.2	Swyfft	Last 4 digits of account number 0500	\$500.00				
1	Nonpriority Creditor's Name		Ψοσο.σο				
	44 Headquarters Plaza, 4th Floor North	When was the debt incurred?					
	Morristown, NJ 07960	- Acceptate that a file developed to the control of					
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only ☐ Unliquidated						
	Debtor 1 and Debtor 2 only						
	☐ At least one of the debtors and another	Disputed					
		Type of NONPRIORITY unsecured claim:  ☐ Student loans					
	Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	Yes	■ Other. Specify Home Owners Insurance					
		· · ·					

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Debtor	1 Thomas L. Vater	Case number (if known)					
4.2	SYNCHRONY BANK	Last 4 digits of account number 3785	\$12,393.44				
2	Nonpriority Creditor's Name PO BOX 965061	When was the debt incurred?	Ψ12,000.44				
	Orlando, FL 32896						
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	□ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	■ Check if this claim is for a community	☐ Student loans					
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims					
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts					
	Yes	■ Other. Specify Store Charge Account					
4.2		4000	***				
3	SYNCHRONY BANK/ Calico	Last 4 digits of account number	\$11,755.55				
	Nonpriority Creditor's Name  Attn: Managing Officer						
	PO BOX 960061	When was the debt incurred?					
	Orlando, FL 32896-0061	_					
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	■ Check if this claim is for a community	☐ Student loans					
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims					
	■ No	Debts to pension or profit-sharing plans, and other similar debts					
	Yes	■ Other. Specify Store Charge Account (Calico)					
4.2	SYNCHRONY BANK/ GAP Visa	Last 4 digits of account number 4761	¢E 200 00				
4	Nonpriority Creditor's Name	Last 4 digits of account number 4/61	\$5,298.00				
	PO BOX 965061	When was the debt incurred?					
	Orlando, FL 32896						
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	■ Check if this claim is for a community	☐ Student loans					
	debt	lacksquare Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims					
	No	Debts to pension or profit-sharing plans, and other similar debts					
	Yes	■ Other. Specify Store Charge Account (GAP)					

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Debtor	1 Thomas L. Vater	Case number (if known)					
4.2	SYNCHRONY PANK/Living Space	Last 4 digits of account number 1065	¢2 692 00				
5	SYNCHRONY BANK/ Living Spaces  Nonpriority Creditor's Name	Last 4 digits of account number 1065	\$3,683.00				
	Attention: Managing Officer P.O. Box 960061	When was the debt incurred?					
	Orlando, FL 32896-0061  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	□Yes	■ Other Specify Store Charge Account (Living Spaces)					
4.2	SYNCHRONY BANK/ Lowes	Last 4 digits of account number 1295	\$6,542.00				
6	Nonpriority Creditor's Name	Last 4 digits of account number 1295	φ0,342.00				
	PO BOX 965061 Orlando, FL 32896	When was the debt incurred?					
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	■ Debtor 1 only	П					
	Debtor 2 only	☐ Contingent					
	Debtor 1 and Debtor 2 only	Unliquidated					
		☐ Disputed  Type of NONPRIORITY unsecured claim:					
	At least one of the debtors and another	Student loans					
	Check if this claim is for a community debt						
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	Debts to pension or profit-sharing plans, and other similar debts					
	Yes	■ Other. Specify Store Charge Account (Lowes)					
4.2	The Dickerson Karacsonyi Law						
7	Group	Last 4 digits of account number	\$120,013.98				
	Nonpriority Creditor's Name 1745 Village Center Cir.	When was the debt incurred?					
	Las Vegas, NV 89134  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	■ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	Check if this claim is for a community	Student loans					
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims					
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts					
	Yes	■ Other. Specify Legal Fees					

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Debtor '	1 Thomas	s L. Vater		Case n	umber (if known)		
4.2	WELLS FA	ARGO	Last 4 digits of account number	5213	1	\$1,263.02	
		reditor's Name aging Officer 0347	When was the debt incurred?				
		es, IA 50306					
		et City State Zip Code  d the debt? Check one.	As of the date you file, the claim	is: Checi	k all that apply		
	Debtor 1 o						
	Debtor 2 of	•	☐ Contingent				
	_	•	☐ Unliquidated				
		and Debtor 2 only ne of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecure	ad alaimi			
	_		Student loans	eu Ciaiiii.			
	■ Check if the debt	his claim is for a community		aration ac	greement or divorce that you did not		
		subject to offset?	report as priority claims	arallori aç	greement of divorce that you did not		
	■ No		Debts to pension or profit-shari	ng plans,	and other similar debts		
	☐ Yes		Other. Specify Credit Car	d			
Part 3:	List Othe	ers to Be Notified About a Dek	ot That You Already Listed				
is tryin have n	ng to collect f	rom you for a debt you owe to so creditor for any of the debts that	meone else, list the original creditor i t you listed in Parts 1 or 2, list the add	n Parts 1	ady listed in Parts 1 or 2. For example, i or 2, then list the collection agency he reditors here. If you do not have additio	re. Similarly, if you	
	•	ets in Parts 1 or 2, do not fill out o	. •	u liat tha a	ovidinal avaditar?		
	nd Address ND CRED		On which entry in Part 1 or Part 2 did you Line <b>4.7</b> of ( <i>Check one</i> ):	_	Creditors with Priority Unsecured Claims		
-	ox 301030		<del></del> :		Creditors with Nonpriority Unsecured Clai	ms	
San Di	ego, CA 9		Last 4 digits of account number		190		
			Last 4 digits of account number	<b>5</b>	190		
	nd Address		On which entry in Part 1 or Part 2 did you		•		
	al Enterpr Salon Roa		<u>_</u>	_	Creditors with Priority Unsecured Claims		
-	OH 44139			Part 2:	Creditors with Nonpriority Unsecured Clai	ms	
,			Last 4 digits of account number	0	003		
Name an	nd Address		On which entry in Part 1 or Part 2 did yo	u list the c	original creditor?		
				_	Creditors with Priority Unsecured Claims		
-	Salon Roa			Part 2:	Creditors with Nonpriority Unsecured Clai	ms	
Solon,	OH 44139		Last 4 digits of account number	sist 4 digits of account number 0003			
					003		
Part 4:	Add the	Amounts for Each Type of Un	secured Claim				
			ms. This information is for statistical	reporting	g purposes only. 28 U.S.C. §159. Add th	e amounts for each	
type of	f unsecured of	Jaill.			Total Object		
	68	a. Domestic support obligations	•	6a.	Total Claim \$ 15.000.00		
т	otal	zomosno support congunone		٠	Ψ <u>13,000.00</u>		
cla from Pa	nims art 1 6	. Taxes and certain other debts	s you owe the government	6b.	\$ 150,000,00		
	60		injury while you were intoxicated	6c.	\$ <u>150,000.00</u> \$ 0.00		
	60		ecured claims. Write that amount here.	6d.	\$ 0.00		
						7	
	66	e. Total Priority. Add lines 6a thro	ough 6d.	6e.	\$ 165,000.00		
					Total Claim		
	6f	. Student loans		6f.	\$ 44,942.27		
	otal iims						
from Pa			eparation agreement or divorce that	60	\$ 15,000.00		
	61	you did not report as priority  Debts to pension or profit-shape	claims aring plans, and other similar debts	6g. 6h.	\$ 0.00		
	6i	Other. Add all other nonpriority	unsecured claims. Write that amount	6i.	\$ 540,441.36		
		here.			Ψ 5.0,7-71100		

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Debtor 1 Thomas L. Vater Case number (if known)

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ **\_\_\_\_600,383.63** 

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Fill in this infor					
Debtor 1	Thomas L. Vater				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		DISTRICT OF NEVADA			
Case number					
(if known)					Check if this is an
					amended filing

#### Official Form 106G

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Las Vegas Boat Harbor Inc.
P.O. Box 60157
Boulder City, NV 89006

State what the contract or lease is for
Boat Slip

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Fill in this	s information to identify your				
		Case.			
Debtor 1	Thomas L. Vater	Middle Name	Last Name		
Debtor 2					
(Spouse if, fill	ing) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	DISTRICT OF NEVADA			
Case num	her				
(if known)					☐ Check if this is an
					amended filing
Officia	l Form 106H				
	lule H: Your Cod	lohtore			40/45
Scried	iule II. Toul Cou	ienioi 2			12/15
people are fill it out, a your name  1. Do  No Yes  2. With Arizor	e filing together, both are equand number the entries in the eand case number (if known you have any codebtors? (If see that the last 8 years, have you hand cast 8 years, have you hand california, Idaho, Louisiana and Go to line 3.	boxes on the left. Attach the	ng correct informate Additional Page to not list either spouse erty state or territor Rico, Texas, Wash	tion. If more space is needed to this page. On the top of a sea a codebtor.  Ty? (Community property state)	ed, copy the Additional Page, any Additional Pages, write
	In which community star	te or territory did you live?	-NONE-	. Fill in the name and cu	rrent address of that person.
	Name of your spouse, former sp Number, Street, City, State & Zi	pouse, or legal equivalent p Code			
in line Form	e 2 again as a codebtor only	if that person is a guarantor	or cosigner. Make	sure you have listed the cr	h you. List the person shown editor on Schedule D (Official edule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and 2	ZIP Code		Column 2: The credito Check all schedules that	r to whom you owe the debt at apply:
3.1				☐ Schedule D, line	
<u> </u>	Name			Schedule E/F, line	
				☐ Schedule G, line _	
-	Number Street			_	
	City	State	ZIP Code		
3.2				Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line _	
	Number Street	•		_	
	City	State	ZIP Code		

							1				
	in this information btor 1	Thomas L. V									
	btor 2 buse, if filing)					_					
	•	ptcy Court for the	DISTRICT OF NEVAL	DA .							
	se number						□ A		ed filing ent shov	ving postpetit e following da	
0	fficial Form	<u> 106l</u>					M	IM / DD/ Y	YYYY		
S	chedule I:	Your Inco	ome								12/15
spo atta	use. If you are se ch a separate she tt 1: Describ	parated and you eet to this form. ( be Employment	are married and not filir r spouse is not filing wi On the top of any additi	th you, do not inclu	ıde infor	mati	on about	your spo imber (if	ouse. If known)	more space	is needed, ery question.
	information.			■ Employed				_		i-iiiiig spou	5 <del>C</del>
	If you have more than one job, attach a separate page with information about additional		Employment status	■ Employed  □ Not employed				■ Empl	-	d	
	employers.		Occupation	Orthopedic Sur	geon						
	Include part-time self-employed w		Employer's name	Nevada Orthop	edic &	Spin	e				
	Occupation may or homemaker, i		Employer's address	7455 W Washin 160 Las Vegas, NV	•	ve S	uite.				
			How long employed the	here? 19 Yea	rs			_			
Pai	rt 2: Give De	etails About Mon	thly Income								
	imate monthly incuse unless you are		ate you file this form. If y	you have nothing to r	eport for	any	line, write	\$0 in the	space.	Include your	non-filing
	ou or your non-filing e space, attach a s		re than one employer, co	ombine the information	on for all	emplo	oyers for	that perso	on on the	e lines below	. If you need
							For Deb	otor 1		Debtor 2 or filing spous	е
2.			ry, and commissions (becalculate what the month)		2.	\$	31	581.67	\$	0.0	00
3.	Estimate and lis	st monthly overti	me pay.		3.	+\$		0.00	+\$	0.0	00
4.	Calculate gross	Income. Add lin	e 2 + line 3.		4.	\$	31,58	31.67	\$	0.00	

Official Form 106I Schedule I: Your Income page 1

Debto	or 1	Thomas L. Vater	-	Cas	e number (if k	nown)				
					or Debtor 1		non	Debtor 2 o	use	
	Cop	by line 4 here	4.	\$_	31,58	1.67	\$		0.00	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	. \$		0.00	\$	1	0.00	
	5b.	Mandatory contributions for retirement plans	5b	. \$		0.00	\$	-	0.00	
	5c.	Voluntary contributions for retirement plans	5c	. \$		0.00	\$	-	0.00	
	5d.	Required repayments of retirement fund loans	5d			0.00	\$		0.00	
	5e.	Insurance	5e			0.00	\$_		0.00	
	5f.	Domestic support obligations	5f.			0.00	\$_		0.00	
	5g. 5h.	Union dues Other deductions. Specify:	5g 5h			0.00	+ \$_		0.00	
_		· · · · · · · · · · · · · · · · · · ·					· : —			
		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$		0.00	\$_		0.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	31,58	1.67	\$		0.00	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	. \$		0.00	\$		0.00	
	8b.	Interest and dividends	8b			0.00	<b>\$</b> —		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		` <del>-</del>		0.00	\$		0.00	
	8d.	Unemployment compensation	8d			0.00	\$_		0.00	
	8e.	Social Security	8e	. \$		0.00	\$		0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Paging or retirement income	8f.			0.00	\$		0.00	
	8g. 8h.	Pension or retirement income Other monthly income. Specify:	8g 8h			0.00	· -		0.00	
	OII.		_ '''	., Ψ		0.00	',Ψ_		0.00	1
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_		0.00	\$		0.00	
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	31,581.67	+ \$		0.00 =	\$ 3·	1,581.67
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		· —	.,,					.,
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify:	depe					Schedule J. 11. +		0.00
		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainlies						12. \$	3°	1,581.67
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?							income
	П	Yes. Explain:								

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	tion to identify ye	our case:			Ī			
Deb	tor 1	Thomas L. V	/ater			Chec	ck if this is:		
	otor 2 ouse, if filing)					<ul> <li>☐ An amended filing</li> <li>☐ A supplement showing postpetition chapter</li> <li>13 expenses as of the following date:</li> </ul>			
``		ruptov Court for the	. DISTRI	CT OF NEVADA		-	MM / DD / YYYY		
Unit	ed States Bankr	uptcy Court for the	. DISTRI	CT OF NEVADA			IVIIVI / DD / Y Y Y Y		
	e number nown)								
		rm 106J	_						
		J: Your			o filipa to acthor b	ath are anu	ally roomanaihla fa	12/1	
info	ormation. If m		eded, atta	. If two married people ar ch another sheet to this n.					
Par		ibe Your House	ehold						
1.	Is this a joir								
	■ No. Go to		in a separ	ate household?					
	□ N		и оори.						
			st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	tor 2.		
2.	Do you have	e dependents?	□ No						
	Do not list Do Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?	
	Do not state	the						□ No	
	dependents	names.			Daughter		13	Yes	
					Daughter		14	□ No	
					Daugnter			■ Yes □ No	
								☐ Yes	
								□ No	
2	De veur evr	annaa inaluda	_					☐ Yes	
3.	expenses of	enses include f people other t d your depende	han _	No Yes					
		ate Your Ongoi							
exp				uptcy filing date unless y y is filed. If this is a supp					
				government assistance i					
	value of suct ficial Form 10		d have inc	cluded it on Schedule I: \	our Income		Your exp	enses	
4.		or home owners		ses for your residence. I r lot.	nclude first mortgag	je 4. \$	S	6,814.00	
	If not includ	led in line 4:							
	4a. Real e	estate taxes				4a. \$	5	1,700.00	
		rty, homeowner'	s, or renter	's insurance		4b. \$		126.00	
				ipkeep expenses		4c. \$	·	300.00	
F		owner's associa			ma aquitula	4d. \$		187.00	
5.	Additional r	ποιτgage paym	ents for yo	<b>our residence,</b> such as ho	me equity loans	5. \$		0.00	

or 1 Thomas	L. Vater	Case num	ber (if known)	
l Itilities				
	heat, natural das	6a	\$	600.00
•	_		· ·	176.00
			·	360.00
			·	225.00
			· ·	
			·	500.00
			·	4,265.00
-			*	150.00
			·	200.00
	•	11.	\$	500.00
		12	\$	400.00
			·	
			· -	0.00
	ributions and religious donations	14.	Φ	0.00
	courance deducted from your new or included in the	o 4 or 20		
			\$	000 00
			·	900.00
			· -	2,079.25
			·	546.83
			\$	0.00
			Φ.	450.00
		16.	<b>&gt;</b>	150.00
		·=	Φ.	480.05
			· —	478.00
			·	0.00
			·	1,001.00
			\$	0.00
			ф.	15,000.00
		101ai i 01111 1001 <i>)</i> .	· -	
	s you make to support others who do not live w	-	<b>&gt;</b>	0.00
				0.004.00
			·	6,001.23
			·	0.00
			·	0.00
				0.00
20e. Homeown	er's association or condominium dues			0.00
Other: Specify:		21.	+\$	0.00
Coloulota	monthly avnonce			
-	* *			40.050.04
	•	-1-1 = 4001 0		42,659.31
		cial Form 106J-2		
22c. Add line 22a	a and 22b. The result is your monthly expenses.		\$	42,659.31
Coloulota varii	monthly not income			
-	•	1 000	<b>c</b>	24 504 67
	,		· -	31,581.67
∠sp. Copy your	monuny expenses from line 22c above.	23b.	<b>-</b> Ф	42,659.31
220 Cubinosi	our monthly expanses from view monthly is			
		23c.	\$	-11,077.64
rne result	is your monuny neumoome.	250.	*	-,
	an increase or decrease in your expenses withir	the vear after you file this	form?	
Do vou expect a				
	ou expect to finish paying for your car loan within the year of	or do you expect your mortgage p	payment to increa:	se or decrease because of a
For example, do yo	ou expect to finish paying for your car loan within the year of terms of your mortgage?	or do you expect your mortgage p	payment to increas	se or decrease because of a
For example, do yo		or do you expect your mortgage p	payment to increas	se or decrease because of a
	6b. Water, see 6c. Telephone 6d. Other. Spe Food and house Childcare and of Clothing, laund Personal care p Medical and dee Transportation. Do not include ci Entertainment, Charitable cont Insurance. Do not include in: 15a. Life insura 15b. Health ins 15c. Vehicle in: 15d. Other insura 15d. Other insura 15d. Other insura 17a. Car payme 17a. Car payme 17a. Car payme 17b. Car payme 17c. Other. Spe 17d. Other. Spe 17d. Other. Spe 17d. Other	Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: IT is speci	Eac Electricity, heat, natural gas  Ba. Electricity, heat, natural gas  Bb. Water, sewer, garbage collection  Bc. Telephone, cell phone, Internet, satellite, and cable services  Bc. Telephone, cell phone, Internet, satellite, and cable services  Bc. Telephone, cell phone, Internet, satellite, and cable services  Bc. Telephone, cell phone, Internet, satellite, and cable services  Bc. Telephone, cell phone, Internet, satellite, and cable services  Bc. Telephone, cell phone, Internet, satellite, and cable services  Bc. Telephone, Cell phone, Internet, satellite, and cable services  Bc. Telephone, Cell phone, Internet, satellite, and cable services  Bc. Telephone, Cell phone, Internet, satellite, and cable services  Bc. Telephone, Cell phone, Internet, satellite, and cable services  Bc. Childcare and children's education costs  Clothing, laundry, and dry cleaning  Bersonal care products and services  10. Medical and dental expenses  11. Transportation. Include gas, maintenance, bus or train fare.  Do not include car payments.  12. Entertainment, clubs, recreation, newspapers, magazines, and books  13. Charitable contributions and religious donations  14. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15c. Vehicle insurance  15d. Other insurance. Specify:  17a. Car payments for Vehicle 1  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify:  401K  17c. Other. Specify:  40th Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106).  Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106).  Other specify:  20a. Real estate taxes  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20c. Mortgages on other property  20a. Real estate taxes  20c. Property, hom	Ba. Electricity, heat, natural gas Bb. Water, sewer, garbage collection Bb. Telephone, cell phone, Internet, satellite, and cable services Bb. Other, Specify: IT Bb. Schod and housekeeping supplies Childcare and children's education costs Bb. Scholdcare proynducts and services Bb. Scholdcare and children's education costs Bb. Scholdcare and support that you did not report as deducted from your pay on line S, Schodule I, Your Income (Official Form 106I). Bb. Scholdcare and property expenses not included in lines 4 or 5 of this form or on Schodule I: Your Income. Bb. Scholdcare and property expenses not included in lines 4 or 5 of this form or on Schodule I: Scholdcare and children's ed

Fill in thi	is information to identify your	case:			
Debtor 1	Thomas L. Vater				
	First Name	Middle Name	Last	Name	
Debtor 2		A			
(Spouse if, fi	iling) First Name	Middle Name	Last	Name	
United St	tates Bankruptcy Court for the:	DISTRICT OF NEVADA			
Case nun	mber				
(if known)					☐ Check if this is an
					amended filing
	Form 106Dec aration About a	an Individual D	ebto	or's Schedules	12/15
	money or property by fraud in both. 18 U.S.C. §§ 152, 1341, 1 Sign Below		otcy case	e can result in fines up to \$250,	000, or imprisonment for up to 20
Did	you pay or agree to pay some	one who is NOT an attorney	to help	you fill out bankruptcy forms?	
•	No				
	Yes. Name of person				ankruptcy Petition Preparer's Notice, on, and Signature (Official Form 119)
				Declaration	on, and dignature (Cilician Cilin 119)
	er penalty of perjury, I declare they are true and correct.	that I have read the summar	ry and s	chedules filed with this declara	tion and
X /	/s/ Thomas L. Vater		х		
	Thomas L. Vater			Signature of Debtor 2	
,	Signature of Debtor 1			-	
[	Date <b>May 3, 2019</b>			Date	
			_		

Fill i	n this info <u>rm</u>	nation to identify your	case:			
Debt		Thomas L. Vater				
		First Name	Middle Name	Last Name		
Debt (Spou	tor 2 se if, filing)	First Name	Middle Name	Last Name		
Unite	ed States Bar	nkruptcy Court for the:	DISTRICT OF NEVADA			
Case	e number					
(if kno						theck if this is an mended filing
Οtt	iaial Ea	107				
	icial Foi I <b>tement</b>		Affairs for Individ	duals Filing for B	ankruptcy	4/19
Be as	s complete a	nd accurate as possil	ole. If two married people a	re filing together, both are	equally responsible for sup	
		ore space is needed, ı). Answer every ques		this form. On the top of any	/ additional pages, write you	ir name and case
Part	1: Give D	etails About Your Ma	rital Status and Where You	Lived Before		
		current marital statu				
	_					
	<ul><li>■ Married</li><li>□ Not mar</li></ul>	ried				
2.	During the la	ast 3 years, have you l	ived anywhere other than	where you live now?		
	■ No					
	_	t all of the places you li	ved in the last 3 years. Do no	ot include where you live now	<b>'</b> .	
	Debtor 1 Pri	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory	
states	s and territori	es include Arizona, Cal	fornia, Idaho, Louisiana, Ne	vada, New Mexico, Puerto R	co, Texas, Washington and W	/isconsin.)
	□ No ■ v v			w =		
	Yes. Ma	ke sure you fill out Sch	edule H: Your Codebtors (O	ficial Form 106H).		
Part	2 Explai	n the Sources of Your	Income			
	Fill in the tota	I amount of income you	received from all jobs and a	g a business during this yeall businesses, including parters together, list it only once ur		ndar years?
	□ No					
		in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
	last calenda uary 1 to De	r year: cember 31, 2018)	☐ Wages, commissions, bonuses, tips	\$504,949.00	☐ Wages, commissions, bonuses, tips	
			Operating a business		☐ Operating a business	

Official Form 107

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Debtor 1 Thomas L. Vater			Case number (if known)					
		Debtor 1		Debtor 2				
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc Check all that a				
For the calendar ye (January 1 to Dece		☐ Wages, commissions, bonuses, tips	\$598,135.00	☐ Wages, com bonuses, tips	missions,			
		Operating a business		☐ Operating a	business			
For the calendar ye (January 1 to Dece		☐ Wages, commissions, bonuses, tips	\$606,932.00	☐ Wages, com bonuses, tips	missions,			
		Operating a business		☐ Operating a	business			
winnings. If you  List each source  No	are filing a joint cas	se and you have income that your from each source separated Debtor 1	rou received together, list it	only once under De that you listed in lin	e 4.			
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inc Describe below				
Part 3: List Certa	ain Payments You	Made Before You Filed for I	Bankruptcy					
No. Neit indiv	her Debtor 1 nor Debtor 2 on the 90 days before No. Go to line 7 Yes List below a paid that crude abject to adjustmentor 1 or Debtor 2 on the 90 days before No. Go to line 7 Yes List below a include pay	personal, family, or household pre you filed for bankruptcy, did a cach creditor to whom you paid editor. Do not include payment payments to an attorney for the ton 4/01/22 and every 3 years or both have primarily consumer you filed for bankruptcy, did a cach creditor to whom you paid ments for domestic support of	d you pay any creditor a total d a total of \$6,825* or more ts for domestic support oblinis bankruptcy case. Is after that for cases filed or mer debts.  d you pay any creditor a total d you pay any creditor a total of \$600 or more an	in one or more pay gations, such as character the date of \$600 or more?	rments and the total amount you ild support and alimony. Also, do f adjustment.			
Creditor's Nan	ne and Address	this bankruptcy case.  Dates of payme		Amount you	Was this payment for			
M	5	0///00/10 5/11/2	paid	still owe	_			
Nevada State P.O. Box 774 Trenton, NJ	104	2/1/2019, 3/1/2 4/1/2019	019, \$20,444.16	\$1,096,848.2 0	■ Mortgage □ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors □ Other			

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Case number (if known)

	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pay	yment for
	Volkswagen Credit PO Box 5215 Carol Stream, IL 60197-5215	2/1/2019, 3/1/2019, 4/1/2019	\$1,434.00	\$20,913.34	☐ Mortgage ■ Car ☐ Credit Car ☐ Loan Rep ☐ Suppliers ☐ Other	rd ayment
	CHASE BANK P.O. BOX 15298 Wilmington, DE 19850	2/1/2019, 3/1/2019, 4/1/2019	\$18,003.00	\$297,151.28	■ Mortgage □ Car □ Credit Car □ Loan Rep □ Suppliers □ Other	rd ayment
7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1' alimony.	rtners; relatives of any gen- control, or owner of 20% or	eral partners; partner more of their voting	rships of which yo securities; and ar	u are a general ny managing ag	l partner; corporation gent, including one fo
	☐ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	his payment
8.	Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosi  No Yes. List all payments to an insider Insider's Name and Address		Total amount	Amount you	Reason for t	his payment
			paid	still owe	Include credit	tor's name
Pa	rt 4: Identify Legal Actions, Repossession	s, and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  ■ No □ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the	e case
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.		rty repossessed, fo	oreclosed, garnis	hed, attached	, seized, or levied?
	Yes. Fill in the information below.			_		
	Creditor Name and Address	Describe the Property		Date		Value of the property
		Explain what happened				

Debtor 1 Thomas L. Vater

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Case number (if known)

11.	Within 90 days before you filed for bank	uptcv.	did any creditor, including a bank or financial ins	stitution, set off anv a	amounts from your
••	accounts or refuse to make a payment b  No  Yes. Fill in the details.			,	<b>,</b>
	Creditor Name and Address	De	scribe the action the creditor took	Date action was taken	Amount
12.	Within 1 year before you filed for bankru court-appointed receiver, a custodian, or □ No □ Yes		as any of your property in the possession of an a er official?		efit of creditors, a
Par	List Certain Gifts and Contribution	s			
13.	Within 2 years before you filed for bankr  ■ No □ Yes. Fill in the details for each gift.	uptcy, d	did you give any gifts with a total value of more th	nan \$600 per person	?
	Gifts with a total value of more than \$60 per person  Person to Whom You Gave the Gift and	0	Describe the gifts	Dates you gave the gifts	Value
	Address:				
14.	Within 2 years before you filed for bankr  ■ No □ Yes. Fill in the details for each gift or co		did you give any gifts or contributions with a tota	I value of more than	\$600 to any charity?
	Gifts or contributions to charities that t more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code		Describe what you contributed	Dates you contributed	Value
Par	t 6: List Certain Losses				
15.	Within 1 year before you filed for bankru or gambling?	ptcy or	since you filed for bankruptcy, did you lose anyt	hing because of the	ft, fire, other disaster
	■ No □ Yes. Fill in the details.				
	Describe the property you lost and	Descri	be any insurance coverage for the loss	Date of your	Value of property
	how the loss occurred		the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	loss	lost
Par	t 7: List Certain Payments or Transfers	<b>.</b>			
16.	consulted about seeking bankruptcy or	oreparii	id you or anyone else acting on your behalf pay on good behalf pay on a bankruptcy petition?  s, or credit counseling agencies for services required		rty to anyone you
	□ No ■ Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y	ou	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	David Winterton & Associates, LTD 7881 W. Charleston Blvd. Suite 220 Las Vegas, NV 89117 autumn@davidwinterton.com		Attorney Fees		\$5,000.00

Debtor 1 Thomas L. Vater

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Del	otor 1 Thomas L. Vater		Ca	se number (if known)			
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	transferred	value of any proper	Date payment or transfer was made	Amount of payment		
	Cricket Debt Counseling	Credit Counse	ling Course		\$35.00		
17.	Within 1 year before you filed for bankrupt promised to help you deal with your credit Do not include any payment or transfer that y	tors or to make payment			erty to anyone who		
	■ No						
	☐ Yes. Fill in the details.						
	Person Who Was Paid Address	Description and transferred	value of any proper	Date payment or transfer was made	Amount of payment		
18.	Within 2 years before you filed for bankrup transferred in the ordinary course of your include both outright transfers and transfers rinclude gifts and transfers that you have alread No  Yes. Fill in the details.	business or financial afmade as security (such as	fairs? the granting of a sec				
	Person Who Received Transfer Address		Description and value of property transferred page 2		Date transfer was made		
	Person's relationship to you paid in exchange						
19.	Within 10 years before you filed for bankry beneficiary? (These are often called asset-p  No  Yes. Fill in the details.		ny property to a sel	f-settled trust or similar device	e of which you are a		
	Name of trust	Description and	value of the proper	tv transferred	Date Transfer was		
	Name of trust	Description and	value of the proper	ty transierreu	made		
Par	t 8: List of Certain Financial Accounts, I	nstruments. Safe Depos	it Boxes, and Stora	ge Units			
	Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market,	tcy, were any financial a	ccounts or instrume	ents held in your name, or for y	, , ,		
	<ul><li>houses, pension funds, cooperatives, ass</li><li>No</li><li>Yes. Fill in the details.</li></ul>	ociations, and other fina	anciai institutions.				
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	e of Financial Institution and Last 4 digits of Type of account of account of account number instrument		or Date account was closed, sold, moved, or transferred	Last balance before closing of transfer		
	WELLS FARGO PO BOX 10347 Des Moines, IA 50306	XXXX-1597	■ Checking □ Savings □ Money Market □ Brokerage □ Other		\$0.00		

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Case number (if known)

21	Do you now have, or did you have within 1 yea	nr before you filed for bankruptcy, an	v safe deposit box or other deposite	ory for securities.
	cash, or other valuables?		,	,,
	No			
	Yes. Fill in the details.			
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
22.	Have you stored property in a storage unit or μ	place other than your home within 1	year before you filed for bankruptcy	?
	□ No			
	Yes. Fill in the details.			
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
	Assured Document Management 8050 Arville Street S 105 Las Vegas, NV 89139		Medical Records	□ No ■ Yes
	MB Automotive - Restoration Shop 6230 Greyhound Ln, Suite 1 Las Vegas, NV 89122		Storage for VW Bus (Parts) Disassembled	□ No ■ Yes
23.	9: Identify Property You Hold or Control for Do you hold or control any property that some for someone.  No Yes. Fill in the details.		y you borrowed from, are storing fo	r, or hold in trust
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Par	10: Give Details About Environmental Inform	nation		
For t	he purpose of Part 10, the following definitions	s apply:		
	Environmental law means any federal, state, o toxic substances, wastes, or material into the regulations controlling the cleanup of these su	air, land, soil, surface water, ground	<u> </u>	
	S <i>it</i> e means any location, facility, or property as to own, operate, or utilize it, including disposa		aw, whether you now own, operate,	or utilize it or used
	<i>Hazardous material</i> means anything an enviro hazardous material, pollutant, contaminant, or		waste, hazardous substance, toxic	substance,
Rep	rt all notices, releases, and proceedings that y	you know about, regardless of when	they occurred.	
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	under or in violation of an environm	ental law?
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

Debtor 1 Thomas L. Vater

Debtor 1 Thomas L. Vater Case number (if known)

25.	5. Have you notified any governmental unit of any release of hazardous material?						
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and know it		ntal law, if you	Date of notice	
26.	Have you been a party in any judicial or ad	dministrative proceeding under any enviro	onm	ental law?	Include settlements a	and orders.	
	■ No □ Yes. Fill in the details.						
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Natu	ure of the c	ase	Status of the case	
Par	11: Give Details About Your Business o	r Connections to Any Business					
27.	Within 4 years before you filed for bankru	ptcy, did you own a business or have any	of t	he followin	ng connections to any	business?	
	☐ A sole proprietor or self-employed	l in a trade, profession, or other activity, e	eithe	er full-time	or part-time		
	■ A member of a limited liability com	npany (LLC) or limited liability partnership	(LL	_P)			
	A partner in a partnership						
☐ An officer, director, or managing executive of a corporation							
<ul> <li>□ An owner of at least 5% of the voting or equity securities of a corporation</li> <li>□ No. None of the above applies. Go to Part 12.</li> </ul>							
	Yes. Check all that apply above and fill in the details below for each business.						
	Business Name Address	Describe the nature of the business			Identification number		
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Dates bus	iness existed		
	Nevada Orthopedic and Spine	Medical Office		EIN:	88-0313907		
	7455 W Washington Ave Suite. 160 Las Vegas, NV 89128	Main Amundson and Associates 10191 Park Run Dr. Ste. 200 Las Vegas, NV 89145		From-To	Current		
	Thomas L. Vater DO LTD	Medical Office		EIN:	88-0477256		
	7455 W. Washington Ave. Ste. 160 Las Vegas, NV 89128	Main Amundson and Associates 10191 Park Run Dr. Ste. 200 Las Vegas, NV 89145		From-To	Current		
	BERNINA PROPERTIES, LLC	Dissolved		EIN:			
	8906 SPANISH RIDGE AVE STE 100 Las Vegas, NV 89148			From-To	8/28/2007 - 8/31/20	18	
	IKAROS SURGICAL, LLC	Dissolved		EIN:			
	7200 CATHEDRAL ROCK DR #210 Las Vegas, NV 89128			From-To	11/4/2009 - 11/30/2	015	
	VATER, MONROE, SYLVAIN & WULFF, PLLC	Dissolved		EIN:			
	3233 W. CHARLESTON BLVD STE. 101 Las Vegas, NV 89102			From-To	8/15/2013 - 8/31/20	16	

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Debtor 1 Thomas L. Vater		Case number (if known)			
	Business Name Address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.		
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed		
	Vater Water Inc	Dissolved	EIN:		
	7455 W. WASHINGTON, STE 160 Las Vegas, NV 89128		From-To 7/31/2008 - 7/31/2017		
28.	Within 2 years before you filed for bankru institutions, creditors, or other parties.  No Yes. Fill in the details below.	ptcy, did you give a financial statement t	o anyone about your business? Include all financial		
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued			
Par	t 12: Sign Below				
are t with 18 U		a false statement, concealing property,	d I declare under penalty of perjury that the answers or obtaining money or property by fraud in connection years, or both.		
The	omas L. Vater nature of Debtor 1	Signature of Debtor 2			
Dat	e May 3, 2019	Date			
Did : ■ N □ Y		nent of Financial Affairs for Individuals F	iling for Bankruptcy (Official Form 107)?		
Did :	you pay or agree to pay someone who is n lo	ot an attorney to help you till out bankru	ptcy torms?		
ПΥ	es. Name of Person . Attach the Bank	ruptcy Petition Preparer's Notice, Declaration	on, and Signature (Official Form 119).		

B2030 (Form 2030) (12/15)

## United States Bankruptcy Court District of Nevada

		District of Nevaua					
In r	e Thomas L. Vater		Case No.				
		Debtor(s)	Chapter	11			
	DISCLOSURE OF CO	MPENSATION OF ATTO	RNEY FOR DE	CBTOR(S)			
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. compensation paid to me within one year before be rendered on behalf of the debtor(s) in contemp	the filing of the petition in bankruptcy	, or agreed to be paid	to me, for services rendered or to			
	For legal services, I have agreed to accept		s	5,000.00			
	Prior to the filing of this statement I have re	ceived	\$	0.00			
				5,000.00			
2.	The source of the compensation paid to me was:						
	☐ Debtor ☐ Other (specify): Stefan L. Vater (Brother of Debtor)						
3.	The source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
4.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm						
	☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.						
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:						
	<ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> </ul>						
	d. [Other provisions as needed]  Negotiations with secured creditor reaffirmation agreements and app 522(f)(2)(A) for avoidance of liens	olications as needed; preparation	emption planning; n and filing of moti	preparation and filing of ons pursuant to 11 USC			
6.	By agreement with the debtor(s), the above-discless Representation of the debtors in a any other adversary proceeding.			es, relief from stay actions or			
		CERTIFICATION					
this	I certify that the foregoing is a complete statement bankruptcy proceeding.	nt of any agreement or arrangement fo	r payment to me for re	epresentation of the debtor(s) in			
	May 3, 2019	/s/ David J. Winto	erton				
Date			David J. Winterton 004142				
		Signature of Attorn					
		7881 W. Charles	& Associates, LTD				
		Suite 220					
		Las Vegas, NV 8					
		702-363-0317 Fa					
		autumn@davidw	interton.com				
1		Name of law firm					

# **United States Bankruptcy Court**District of Nevada

		District of Nevada		
In re	Thomas L. Vater		Case No.	
		Debtor(s)	Chapter	11
	VEI	RIFICATION OF CREDITOR N	<b>MATRIX</b>	
The abo	ove-named Debtor hereby verifie	es that the attached list of creditors is true and co.	rrect to the best	of his/her knowledge.
Date:	May 3, 2019	/s/ Thomas L. Vater		
		Thomas L. Vater		

Signature of Debtor

Thomas L. Vater 8100 Sapphire Bay Cir Las Vegas, NV 89128

David J. Winterton David Winterton & Associates, LTD 7881 W. Charleston Blvd. Suite 220 Las Vegas, NV 89117

Clark County Assessor 500 S. Grand Centra Parkway, 2nd Floor Las Vegas, NV 89151-4010

CLARK COUNTY TREASURER BOX 551220 500 SOUTH GRAND CENTRAL PKWY Las Vegas, NV 89155-1220

DEPT OF EMPLOYMENT, TRAINING & REHAB EMPLOYMENT SECURITY DIVISION 500 EAST THIRD STREET Carson City, NV 89713

DEPT OF MOTOR VEHICLES
PUBLIC SAFETY RECORDS DIVISION
555 WRIGHT WAY
Carson City, NV 89711-0001

IRS 110 CITY PARKWAY Las Vegas, NV 89106

NEVADA DEPT OF TAXATION BANKRUPTCY SECTION 555 E WASHINGTON AVE #1300 Las Vegas, NV 89101

OFFICE OF U.S. TRUSTEE OFFICE OF U.S. TRUSTEE Las Vegas, NV 89101-6637

Social Security Administration 160 Spear Street, Suite 800 San Francisco, CA 94105

Transamerica Investors Securities Corpo 440 Mamaroneck Avenue Harrison, NY 10528

Black & LoBello Attorneys at Law 10777 W Twain Ave #300 Las Vegas, NV 89135 CAPITAL ONE / Saks Fifth Avenue Acct No xxxxxx 1205 Attn: Managing Officer P.O. BOX 60504 City of Industry, CA 91716

CAPITAL ONE /Neiman Marcus Acct No xxxxxx 0000 Attn: Managing Officer P.O. BOX 5235 Carol Stream, IL 60197-5235

CHASE BANK Acct No xxxxxx1938 Attention Managing Officer PO BOX 182613 Columbus, OH 43218

CHASE BANK
Acct No xxxx xxxx xxxx 4481
Attn: Managing Officer
P.O. BOX 15298
Wilmington, DE 19850

CHASE BANK Acct No xxxxxx 1724 PO BOX 24696 Columbus, OH 43224

Clifton Larson Allen LLP 10845 Griffith Peak Drive, Suite 550 Las Vegas, NV 89135

COMENITY BANK / Restoration Hardware Acct No xxxxxxxxxxxx5190
Attn: Managing Officer
P.O. BOX 659705
SAN ANTONIO, TX 78265-9705

Comenity Bank / Victoria's Secret Acct No xxxxxx 3961 Attn: Managing Officer PO Box 659728 San Antonio, TX 78265-9728

Dena Johns, MFT Counseling 8430 West Lake Mead Suite 100 Las Vegas, NV 89128

Desert Breeze Dental Acct No x3711 8650 W. Spring Mountain Rd. Suite 101 Las Vegas, NV 89117-4106 Desert Shores Community Association Acct No xxxxxx0292 2500 Regatta Dr Las Vegas, NV 89128

First Security Bank of Nevada Acct No xxxxxx7500 Attn: Managing Officer P.O. Box 34240 Las Vegas, NV 89133

Heidi Vater 2945 Harbor Cove Dr. Las Vegas, NV 89128

INTERNAL REVENUE SERVICE P.O. BOX 145595 Cincinnati, OH 45250

Las Vegas Boat Harbor Inc. P.O. Box 60157 Boulder City, NV 89006

Level Community Management Acct No x4711 8966 Spanish Ridge Ave., Suite 100 Las Vegas, NV 89148

Macy's American Express Acct No xxxxxx 9716 Attn: Managing Officer P.O. Box 9001108 Louisville, KY 40290-1108

MB Automotive - Restoration Shop 6230 Greyhound Ln, Suite 1 Las Vegas, NV 89122

MIDLAND CREDIT MANAGEMENT Acct No Ending 5190 P.O. Box 301030 San Diego, CA 92108

National Enterprise Systems Acct No 27290884 GE0003 29125 Salon Road Solon, OH 44139-3442

Navient Acct No xxxxxx 4945 P.O. Box 9640 Wilkes Barre, PA 18773-9640 Nevada Energy 6226 W Sahara Ave Las Vegas, NV 89146-0909

Nevada State Bank Acct No xxxxxx1230 P.O. Box 77404 Trenton, NJ 08628

NORDSTROM Acct No xxxxxx 8905 1600 SEVENTH AVENUE, SUITE 2600 SEATTLE, WA 98101

QUEST DIAGNOSTICS Acct No xxxxxx8394 P.O. BOX 740351 Cincinnati, OH 45274-0351

Regula E. Vater 8544 Burning Tree Trail Franktown, CO 80116

Swyfft
Acct No xxxx-xxxx05-00
44 Headquarters Plaza, 4th Floor North
Morristown, NJ 07960

SYNCHRONY BANK Acct No xxxxxx 3785 PO BOX 965061 Orlando, FL 32896

SYNCHRONY BANK/ Calico Acct No xxxxxxxxxxx1902 Attn: Managing Officer PO BOX 960061 Orlando, FL 32896-0061

SYNCHRONY BANK/ GAP Visa Acct No xxxxxx 4761 PO BOX 965061 Orlando, FL 32896

SYNCHRONY BANK/ Living Spaces Acct No xxxxxx 1065 Attention: Managing Officer P.O. Box 960061 Orlando, FL 32896-0061

SYNCHRONY BANK/ Lowes Acct No xxxxxx 1295 PO BOX 965061 Orlando, FL 32896 The Dickerson Karacsonyi Law Group 1745 Village Center Cir. Las Vegas, NV 89134

Transamerica Investors Securities Corpor 440 Mamaroneck Avenue Harrison, NY 10528

Volkswagen Credit Acct No xxxxxx8287 PO Box 5215 Carol Stream, IL 60197-5215

WELLS FARGO Acct No xxxxxx 5213 Attn: Managing Officer PO BOX 10347 Des Moines, IA 50306